NOTE TO USERS

The original manuscript received by UMI contains broken or light print. All efforts were made to acquire the highest quality manuscript from the author or school. Page(s) were microfilmed as received.

This reproduction is the best copy available

UMI

UNIVERSITY OF ALBERTA

Predicting Emotional Reactions of Adult Survivors of Childhood Sexual Abuse: Testing an Attributional Model

By

LEANNE PINKOSKI

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of MASTER OF SCIENCE

In

Family Ecology and Practice

Department of Human Ecology

Edmonton, Alberta

Fall, 1998

National Library of Canada
Acquisitions and Bibliographic Services
395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque nationale du Canada
Acquisitions et services bibliographiques
395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence

Our file Notre référence

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-34403-7

Canada

UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled PREDICTING EMOTIONAL REACTIONS OF ADULT SURVIVORS OF CHILDHOOD SEXUAL ABUSE: TESTING AN ATTRIBUTIONAL MODEL, submitted by Leanne Pinkoski in partial fulfillment for the degree of MASTER OF SCIENCE IN FAMILY ECOLOGY AND PRACTICE.

Berna Skrypnek/Supervisor

Brenda Munro

Brenda Munro

Robert Sinclair/External Member

Date: September 30, 1998

Abstract

To investigate relationships among characteristics of childhood sexually abusive situations, survivor attributions, and their emotional reactions, a community sample of 67 female adult survivors participated in in-depth interviews about their sexual abuse, and completed paper and pencil measures of their attributions and current adjustment. Partial support was found for a causal model based on Weiner's (1985) theory of motivation and emotion which posits attributions as important intervening variables in linking characteristics of abusive situations to survivors' emotional reactions. No support was found for the differential impact of character self-blame and behavior self-blame on shame and guilt. Implications of these findings for the meaningfulness of distinguishing between character self-blame and behavior self-blame are discussed. The limitations of attribution theory and existing attributional measures are explored. Finally, the implications of these findings for professionals who work with adult survivors of childhood sexual abuse are discussed.

To My Parents

Acknowledgment

I would like to gratefully acknowledge the support and assistance provided by my thesis supervisor, Dr. Berna Skrypnek. I sincerely appreciate the endless guidance and encouragement she provided to me throughout my research process. Appreciation is also extended to the members of my thesis committee, Dr. Brenda Munro, and Dr. Bob Sinclair, for their insightful comments and participation. I would also like to express special thanks to my sister, and my close friends who have provided me with ongoing support. Finally, I am grateful to my parents, Ken and Ann Pinkoski, who provided me with opportunities and experiences which have allowed and assisted me to learn and grow.

TABLE OF CONTENTS

Chapter		Page
I.	INTRODUCTION	1
II.	LITERATURE REVIEW	5
	A. Characteristics of The Abusive Situation and The Impact on Adjustment	6
	1. Age of onset	6
	2. Relationship between perpetrator and victim	7
	3. Severity of abuse	8
	4. Multiple perpetrators	10
	5. Use of coercion	10
	6. Duration of Abuse	1
	7. Confounding variables	12
	8. Summary	13
	B. How Characteristics of The Abusive Situation Impact on Adjustment	15
	C. Conceptual Framework: Attribution Theory	16
	D. On What are Attributions Based?	21
	E. Impact of Characteristics of the Situation on Survivors Attributions	22
	1. Age of onset	23
	2. Relationship between perpetrator and victim	23
	3. Severity of abuse	24
	4. Multiple perpetrators	24

5. Use of coercion 25

6. Duration of abuse 25

F. Impact of Attributions on Emotions 26

G. Impact of Emotions on Adjustment 28

H. Study Purpose and Hypotheses 32

1. Hypotheses based on Weiner's model 35

2. Hypothesis based on relevant literature 37

III. METHODOLOGY AND ANALYSIS OF DATA 39

A. Sampling Procedure 39

B. Procedures in Original Study 40

1. Interview Procedures 42

2. Interview Design 43

C. Measures 46

1. Characteristics of the Abusive Situation 46

2. Attributions 47

3. Emotional Experiences 48

D. Ethical Issues 50

1. Informed Consent 50

2. Risks 50

3. Confidentiality 51

4. Anonymity 51

IV. RESULTS 52

A. Sample Description 52

B. Univariate Analysis 55

1. Characteristics of the Abusive Situation 55

2. Attributions 56

3. Emotional Experiences 58

C. Testing the Causal Model 58

V. DISCUSSION 65

A. Implications 72

VI. CONCLUSION 76

REFERENCES 77

APPENDICES 85

LIST OF TABLES

		Page
Table 1	SCL-90-R- Mean Adjustment Scores for the Present Study and The General Population	54
Table 2	Frequency and Percent of Survivor Experiencing Each Level of Severity	56
Table 3	Mean Attribution of Blame Ratings for Different Scores	57
Table 4	Correlations for Character and Behavior Self-Blame, Shame, And Hopelessness	63
Table 5	Correlation Matrix for Characteristics of the Abusive Situation And Attributions for the Abuse	127
Table 6	Correlation Matrix for Characteristics of the Abusive Situation And Emotional Experiences	129
Table 7	Correlation Matrix for Attributions of the Abuse and Emotional Experiences	131
Table 8	Comparison Chart for Sample Description	133
Table 9	Comparison Chart for Characteristics of the Abusive Situation	135
Table 10	Comparison Chart for Attributions for the Abuse	137
Table 11	Results of Regression Analysis of Characteristics of the Abusive Situation on Character Self-blame	139
Table 12	Results of Regression Analysis of Characteristics of the Abusive Situation on Behavior Self-blame	140
Table 13	Results of Regression Analysis of Characteristics of the Abusive Situation on Perpetrator Blame	141
Table 14	Results of Regression Analysis of Characteristics of the Abusive Situation on Attribution to Chance/Luck	142
Table 15	Results of Regression Analysis of Attribution of the Abusive Situation on Shame	143

Table 16 Results of Regression Analysis of Attributions of the Abusive Situation on Guilt 144

Table 17 Results of Regression Analysis of Attributions of the Abusive Situation on Hopelessness 145

Table 18 Results of Regression Analysis of Attributions of the Abusive Situation on Anger 146

LIST OF FIGURES

		Page
Figure 1	Weiner's General Model	15
Figure 2	Emotional Consequences of Specific Causal Attributions for Negative Events	34
Figure 3(a)	Hypotheses based on Weiner's model	36
Figure 3(b)	Hypotheses based on relevant literature	38
Figure 4	Results for Characteristics of the Abusive Situation in Predicting Attributions	60
Figure 5	Results for Attributions in Predicting Emotional Experiences	62
Figure 6	Results for Attributions (overall self-blame in place of character Self-blame) In Predicting Emotional Experiences	64

CHAPTER I

INTRODUCTION

Childhood sexual abuse is recognized as a significant problem in our society. The concern has grown dramatically over the last decade, hence the proliferation of research in this area. Although it is estimated that between 15 to 45 percent of females (Wyatt and Newcomb, 1990), and 6.5 to 33 percent of males have experienced childhood sexual abuse (McKenzie, 1991), the exact prevalence is still unknown. What is known is that there are short and long-term consequences for survivors.

Research suggests that the majority of adult survivors of childhood sexual abuse may experience some emotional and psychological problems (Briere & Runtz, 1988; Wyatt & Newcomb, 1990), including overwhelming feelings of shame, guilt, depression and anger. According to clinicians, these emotions are commonly experienced by survivors and are assumed to interfere with adjustment. Thus, a typical goal of therapy is to assist individuals in ridding themselves of these feelings. Indeed, some research points to the important role emotions play in affecting interpersonal and psychological adjustment (Tangney, 1995). Yet, little empirical research has investigated the relationship of emotional reactions and adjustment for survivors of childhood sexual abuse.

We do know that survivors of childhood sexual abuse report considerable variability in their emotional reactions to abuse (Conte, 1986). Two factors believed to contribute to this variability are characteristics of the abusive situation (Conte, 1986), and survivors' attributions for the abuse (Janoff-Bulman, 1979; Lamb, 1986;

Shapiro, 1989). It is surprising that virtually no research has investigated the nature of the relationships among these factors. To successfully work with survivors of childhood sexual abuse, it seems that it would be important for clinicians to know how characteristics of the abusive situation and survivors' attributions for abuse impact on survivors' emotional reactions and how all these factors are related to adjustment.

Characteristics of the abusive situation (such as age of onset, duration of abuse, number of perpetrators and severity of abuse) are believed to directly influence the victims' current level of functioning (Feinauer & Stuart, 1996). Since these characteristics of the abusive situation differ across victims, they are believed to be an important reason why some survivors may experience problems with psychological and interpersonal functioning, and others do not (Conte, 1986).

Other clinicians suggest that it is the attributions for the abuse, or why the survivor thinks the abuse occurred to them, that plays a more important and direct role in affecting survivors' adjustment. Classic therapy for childhood sexual abuse survivors intends to relieve the child or adult of feelings of self-blame and guilt and tries to teach them that at the time of the abuse, the child had little power to influence what occurred. The idea is that blaming someone other than oneself will reduce feelings of shame and guilt and lead to more positive adjustment. However, some researchers and clinicians have argued that making an internal attribution, or blaming oneself may foster positive adjustment by affirming a sense of power or control over the situation (Lamb, 1986; Shapiro, 1989). Although early research with accident victims supported this contention (Bulman & Wortman, 1977; Janoff-Bulman, 1979),

recent research with survivors of child sexual abuse found just the opposite (e.g., Hoagwood, 1990; Morrow, 1991).

Janoff-Bulman (1979) has claimed that this inconsistency in the research can be best explained by the distinction between two types of self-blame, behavior self-blame and character self-blame. According to Janoff-Bulman (1979), behavioral self-blame occurs when an individual blames him/herself for doing something, or not doing something about their behavior. Character self-blame occurs when the individual blames the abuse on something about their character or personality. Our behavior is generally considered to be modifiable; whereas, our character is generally regarded as unchangeable. Janoff-Bulman and her colleagues have argued that because our behavior is modifiable and our character is unchangeable, blaming our behavior would lead to positive adjustment because it means we have control. And, blaming our character would be negatively associated with psychological adjustment because we have no control to change things (Timko & Janoff-Bulman, 1985).

A third factor believed to affect survivors' adjustment is emotional reactions, and in particular, individual differences in proneness to shame (Tangney, 1990). According to research by Tangney (1990), and Nathanson's clinical experience (1992), shame is an important emotion linked to adjustment. However, little research has focused on identifying factors that affect shame, or in investigating shame's relationship to adjustment. The relationship between characteristics of the abusive situation and adult emotional adjustment needs confirmation and clarification. Attribution theory may be a useful framework for lending understanding to the relationships among these variables. According to Weiner's (1985) theory of

motivation and emotion, when an event occurs, the characteristics of the situation influence the attributions an individual makes for the event, attributions then determine one's emotional reactions. These emotions then impact on behavior or adjustment. Although Weiner's theory was not developed to understand the factors relating to adjustment in survivors of child sexual abuse, his theory appears to be useful in suggesting the nature of the relationships among variables identified in the literature as important to the adjustment of survivors of childhood sexual abuse.[1]

The purpose of this thesis was to test the usefulness of part of a causal model, based on Weiner's attribution theory of motivation and emotion that explicates the relationships among characteristics of the situation, attributions, emotional experiences, and adjustment for adult female survivors of childhood sexual abuse. Specifically, the objectives were to: a) investigate the role of several characteristics of the abusive situation (age of onset, duration of abuse, number of perpetrators, and severity of abuse), in predicting several attributions for the abuse (behavior self-blame, character self-blame, perpetrator, and chance/luck), b) investigate the direct role of these characteristics of the abusive situation in predicting emotional experiences of shame, guilt, hopelessness, and anger; and, c) investigate the role of survivors' attributions in predicting their emotional experiences. Knowledge of the relationship among these factors may aid in identifying high-risk abuse victims and in informing appropriate therapy goals and approaches for assisting adult survivors of childhood sexual abuse.

---

[1] Weiner's (1985) theory was developed to clarify the relationship between attributions, emotions, and behavior in achievement motivation contexts.

CHAPTER II

REVIEW OF THE LITERATURE

Childhood sexual abuse has long-term effects on psychosocial functioning for many survivors. This may include fears, posttraumatic stress disorder, behavior problems, sexualized behaviors, and emotional problems (Kendall-Tackett, Williams, & Finkelhor, 1993). However, not all survivors are affected in the same way (Conte, 1982). Some children are profoundly traumatized by sexual abuse, a portion experience milder problems, and the others appear not to be affected by the abuse (Conte & Schuerman, 1987). The reasons for these differences in functioning or coping have been of much interest to clinicians. Some have suggested that these differences may be due, in part, to the characteristics of the abusive situation, for example, the relationship of the perpetrator to the victim, the age of the victim, the duration of the abuse, the severity/invasiveness of the abuse, the number of perpetrators,etc., (Conte, 1986). Others have contended that it is the victims' cognitions about the abuse, and most importantly their attributions for the abuse, that has a significant impact on emotions and adjustment (Janoff-Bulman, 1979; Lamb, 1986; Shapiro, 1989).

In the following section, what is known about the characteristics of the abusive situation and how they impact on adult adjustment and on attributions for the abuse is reviewed. Then, the relationship between attributions and emotions is

examined. Finally, the impact emotions have on victims' later adjustment is discussed.

Characteristics of the abusive situation and the impact on adjustment

Through research or clinical practice, the following characteristics that surround the abusive situation have been identified as related to reactions to abuse and later adjustment: the victim's age when the abuse began, the relationship between the perpetrator and the victim, the type or severity of the abuse, the number of perpetrators, use of physical or psychological coercion, and duration and frequency of abuse. These variables and their possible impact on adult adjustment are discussed below.

Age of Onset

Researchers believe that the age at which the victim was first abused is an important variable related to later adult adjustment. Some findings suggest that abuse at younger ages will result in more traumatic outcomes (Heath, Donnan, & Haplin, 1990; Hoagwood, 1988; Browne & Finkelhor, 1986; Wolfe, Wolfe & Best, 1988) such as lower self-esteem (Morrow & Sorell, 1989) and greater psychological disturbances (Nash, Zivney, & Hulsey, 1993). Between the ages of 4 and nine are proposed to be high-risk years because the child is naïve, has a desire to please, trusts the adult, and is sexually curious (Wolfe et al., 1988).

Others suggest that emotional difficulties are more frequent in children aged 7 to thirteen years (Gomes- Schwartz, Horowitz, & Sauzier, 1985). It is believed that very young children are less able to comprehend the sexual nature of the experience, and therefore show less emotional distress. The children between the ages of seven to

13 are more cognizant of the meaning of sexual approaches and therefore experience more severe psychological difficulties.

Some researchers have found more elevated psychological effects from postpubertal abuse rather than prepubertal abuse (Beitchman, Zucker, Hood, DaCosta, Akman, & Cassavia, 1992; Wyatt & Newcomb, 1990). When compared with non-victims, women assaulted in adolescence displayed elevations in hostility, interpersonal problems, obsessive- compulsive symptoms, anxiety, and paranoid ideation, whereas victims abused in early childhood only displayed elevated anxiety symptoms, when compared with non-victims (Murphy, Kilpatrick, Amick-McMullan, Veronen, Paduhovich, Best, Villeponteaux & Saunders, 1988).

Overall, studies tend to show inconsistent relationships between age of onset and later trauma. One reason for these contradictory findings is that age of onset has been found to be correlated with several other abuse-specific variables, and an independent assessment of this variable is difficult (Beithchman et al, 1992; Browne & Finkelhor, 1986; Kendall-Tackell et al., 1993). For example, there is a tendency for the younger survivors to be abused by more perpetrators, and for a longer duration (Russell, 1986). Another explanation for the discrepancy could be differences in assessment measures on current adjustment (Murphy et al., 1988).

Relationship between perpetrator and victim

Researchers and clinicians believe that the relationship between the perpetrator and the victim is an important variable related to later adult adjustment. It has been argued that abuse initiated by someone close to you, someone you trusted, would be more traumatic and thus be more likely to have a negative impact (Kendall-

Tackett, Williams, & Finkelhor, 1993). For example, abuse perpetrated by a father or father figure has been self reported by victims as more traumatic than abuse by others because it involves greater sense of betrayal and loss of trust (Beitchman et al., 1992; Browne & Finkelhor, 1986; Feinauer, Mitchell, Harper & Dane, 1996; Russell, 1986).

Victims who report being close to the perpetrator (regardless if he was a father, father-figure, or other), show a greater number of symptoms including anxiety, fear, depression and aggression (Kendall-Tackett et al., 1993), than do victims who report not being close to the perpetrator. Girls who experienced incest with their fathers report the same psychological effects as those molested by a father substitute (Kaufman, Pect and Tagiuri's, as cited in Brunngraber, 1986). These include feelings of guilt, suppressing or denying feelings, conflicting emotions (Brunngraber, 1986), anxiety, dissociation, and somatization (Briere & Runtz, 1988). Based on this research, it appears that it is the perceived closeness of the perpetrator to the victim that is important in contributing to adjustment problems (Harter et al., 1988).

Severity of Abuse

Some researchers claim that the severity of abuse is the single most powerful variable explaining mental health impairment and problems in adult sexual functioning (Brunngraber, 1986). For example, abuse involving penetration is associated with greater long-term harm (Bagley and Ramsay as cited in Browne & Finkelhor, 1986; Beithchman et al., 1992), including greater anxiety, fear, depression, aggression and poor self-esteem (Kendall-Tackett et al., 1993), victim's perceived social isolation (Harter, Alexander, & Neimeyer, 1988), and the presence of behavior problems (such as running away from home, truancy, attempted suicide, self injurious

behavior, breaking the law, social isolation, drug and alcohol use, and promiscuity); (Mian, Marton, & LeBaron, 1996; Morrow and Sorell, 1989) than is abuse involving less invasive forms of sexual contact.

Russell (1986) found that 54% of victims who reported completed or attempted intercourse, fellatio, cunnilingus, analingus, or anal intercourse reported being extremely traumatized. This is compared to 35% of those who experienced manual touching of unclothed breasts or genitals and only 19% of those who reported unwanted kissing or touching of clothed parts of the body. Russell's measure of trauma was a subjective report by the victim of the degree to which they were upset. Clearly, there is a significant difference in the extent of reported trauma among those victims who experienced intercourse compared with those who experienced less invasive forms of sexual abuse. Yet, there are significant individual differences (Russell, 1986). For example, twenty-one percent of the abuse defined as very severe was rated by the victim as causing little or no trauma, and 19% of the experiences listed in the least severe category were rated as extremely traumatic. While it is apparent that there is a strong relationship between psychological trauma and severity of abuse, it is a less than perfect correlation (Russell, 1986).

Clearly other relevant variables, such as the number of perpetrators, duration of abuse, and the use of coercion are known to be related to extent of psychological trauma and are often confounded with invasiveness and therefore are worth examining.

Multiple Perpetrators

Another characteristic of the abusive situation, often associated with greater psychological disturbances in victims, is abuse that occurred by more than one perpetrator over a period of time. Individuals who have experienced abuse by multiple perpetrators have been found to experience more problems in interpersonal and psychological adjustment (Ellis, Atkenson, & Calhoun, 1982; Murphy et al., 1988; Nash, et al., 1993) than have children who were abused by a single perpetrator. One explanation is that the number of perpetrators is confounded with other characteristics of the abusive situation. For example, survivors who have been abused by multiple perpetrators tend to have been abused at an early age, and for longer duration (Russell, 1986). This may account, in part, for the increased problems in interpersonal and psychological adjustment survivors' experience. If lots of people have abused you than maybe it is something about you rather than the perpetrator that is responsible for the abuse.

Use of Coercion

The use of force in sexual victimization is one variable where there is agreement as to the long-term impact (Beitchman et al., 1992), and it may explain more of a victim's negative reaction than any other variable (Finkelhor, 1979; Beitchman et al., 1992). A perpetrators' use of physical force is associated with increased symptomology (i.e., anxiety, fear, depression, aggression, and poor self-esteem), and maladjustment (Feinauer et al., 1996; Kendall-Tackett et al., 1993). For example, in one study, trauma was reported by 100% of victims who experienced

violent abuse, by 74% who experienced forceful abuse, and by 46% who experienced non-forceful abuse (Russell, 1986).

Psychological coercion has also been found to be associated with greater adjustment problems (Wyatt & Newcomb, 1990). When psychological coercion was part of women's childhood victimization, they were more likely to blame themselves for the incident(s) and reported greater adjustment problems than did those survivors who had not experienced psychological coercion (Wyatt & Newcomb, 1990).

Duration of Abuse

Some researchers believe that the duration of abuse is a predictor of later adult adjustment and that the longer duration of abuse the greater number of symptoms, including aggression, fear, poor self-esteem (Friedrich, Urguiza and Beilke; as cited in Browne and Finkelhor, 1986; Kendall-Tackett, et al., 1993), greater chronic somatization, dissociation (Briere & Runtz, 1988), depression, anxiety (Kendall-Tackett, et al., 1993; Briere & Runtz, 1988), and suicidal ideation (Bagley & Ramsey as cited in Browne and Finkelhor, 1986). Russell (1986) found 73% of sexual abuse that lasted for more than five years was self rated by the victims as extremely or considerably traumatic, compared with 62% of abuse lasting 1 week to 5 years and 46% of abuse occurring only once. Tsai, Feldman-Summers and Edgar (1979) found that women who had a longer duration of molestation had more feelings of guilt then did women who were molested over a shorter period of time.

However, other studies have found no association between duration of abuse and subsequent trauma (Finkelhor, 1979). One reason for this inconsistency in findings could be due to how 'trauma' is defined. For example, in Finkelhor's (1979)

research, the term 'negative experience' was used to indicate trauma, but in the research done by Tsai, et al. (1979) participants reported their perceived overall adjustment along a 7-point scale. Another explanation for contradictory findings is the difficulty in assessing the independent impact duration plays. An additional problem that may contribute to for the inconsistent findings is that the terms duration and frequency are often used interchangeably or treated synonymously because they are so highly correlated (Feinhauer et al., 1996; Morrow & Sorell, 1989).

Confounding of Variables

After examining how characteristics of the abusive situation may influence later adjustment, it is apparent that many of these variables are often confounded with one another and therefore their individual impact on adjustment is difficult to assess. For example, age of onset appears to be positively correlated with multiple perpetrators. The younger a child is when abused, the greater the likelihood that they have been abused by multiple perpetrators (Russell, 1986). It is not surprising that the younger a child is when the abuse starts, the more likely they are to experience abuse over a longer period of time. Sexual abuse tends to terminate around the ages of 14 or 15, and this age of adolescent is more likely to disclose the abuse, threaten to disclose, or may run away, hence terminating the abuse (Russell, 1986; Wolfe et al., 1988). In addition, younger children are more likely than older children to be abused by a father, or stepfather, and these characteristics are both related to longer duration (Beitchman et al., 1992; Russell, 1986). Together these characteristics appear to result in greater trauma for survivors.

The relationship between perpetrator and victim, use of coercion, severity of abuse, frequency and duration of abuse all appear to be correlated. When abused by a father, daughters are more likely to have had vaginal intercourse, and fathers are more likely to use physical violence than are other relatives (Russell, 1986). When fathers sexually abused their daughters, it was reported to be more frequent than abuse by other incestuous relatives (Beitchman et al., 1992; Feinauer et al., 1996; Koss, Dinero, Seibel & Cox, 1988; Russell, 1986) and to occur over a greater number of years (Beitchman et al., 1992; Feinauer, et al., 1996; Russell, 1986). It has also been found that frequency and duration are significantly related to severity of abuse. Shorter duration and less frequency are associated with reports of less severe abuse. Similarly, the women who reported longer periods of abuse and more frequent episodes of abuse were more likely to report that they experienced severe abuse (Feinhauer et al., 1996).

Summary

Overall, the relationship between the perpetrator and victim is quite consistently related to perceived degree of trauma and adjustment problems. Abuse perpetrated by a father or father figure is self reported by victims as more traumatic than abuse by others because it involves greater betrayal and loss of trust (Beitchman et al., 1992; Browne & Finkelhor, 1986; Feinauer et al., 1996; Russell, 1986). In addition, women who have experienced multiple perpetrators have significantly higher scores of depression (Murphy et al., 1988), and more severe pathology (Nash et al., 1993) than other groups of child sexual abuse victims who have not experienced abuse by multiple perpetrators. Furthermore, more invasive forms of

sexual abuse, those involving penetration, are associated with greater long-term harm (Bagley and Ramsay as cited in Browne & Finkelhor, 1986; Beithchman et al., 1992), victims' perceived social isolation (Harter, et al., 1988), and the presence of behavior problems (Mian, Marton, & LeBaron, 1996). Moreover, a perpetrators' use of force consistently is associated with poorer adjustment (Briere & Runtz, 1988; Feinauer et al., 1996; Kendall-Tackett et al., 1993). However, a review of relevant research reveals inconsistent findings regarding the relation between age of onset and later trauma. This may be because age of onset has been found to be highly correlated with other abuse-specific variables such as, relationship of victim to perpetrator, duration of abuse, number of perpetrators, and use of coercion (Beithchman et al., 1992; Browne & Finkelhor, 1986; Kendall-Tackell et al., 1993). Although many studies have found a positive relationship between duration of abuse and trauma and later adjustment problems, other studies have found no relationship between duration and adjustment (Finkelhor, 1979). Again, the contradictory findings may be due to the difficulty assessing the independent impact of this variable.

Even if the situational variables are confounded with one another, much evidence suggests that these characteristics of the abusive situation do play an important role in adult adjustment. Although determining the individual impact of each situational variable is difficult, knowing the effects that combinations of situational factors have on adult adjustment helps in identifying risk factors for later adjustment problems. Further research needs to explore how and why these characteristics impact adjustment the way they do. Attribution theory appears

promising in helping us understand how characteristics of the situation may impact adjustment.

Characteristics of the abusive situation and adjustment

Some researchers argue that the characteristics of the abusive situation impact adjustment directly (Feinauer & Stuart, 1996), whereas others suggest the relationship may not be direct (Wyatt & Newcomb, 1990). Instead, Wyatt and Newcomb argue that attributions serve as an intervening variable between characteristics of the situation and adjustment. Wiener's (1985) attribution theory of motivation and emotion helps specify these causal relationships among situational characteristics, attributions, emotions, and behavior. (Refer to Figure 1).

Figure 1

Weiner's General Model

Weiner contends that there are a number of causal antecedents that influence the attributions we make about a given behavior or event. Characteristics of the situation in which the behavior or event occurred are one category of causal antecedents. The characteristics of the situation will be related to the attributions we make. Attributions, in turn, will determine the emotions we experience, and these emotions will influence behavior. The following section briefly introduces attribution theory and describes how its application to survivors of child sexual abuse may lend understanding to the impact of abuse on later adjustment.

Conceptual Framework: Attribution Theory

Attribution theory developed out of the area of social psychology known as person perception (Shaver, 1975) and is founded on the premise that people are actively searching for meaning in the social world around them. People are seldom content to be passive observers of behavior. Rather, they are active observers, searching for the regularities in their own and others' behavior and in the events that occur in their lives.

A fundamental assumption of attribution theory is that perceivers will try to identify the causes of the behavior they observe. People are motivated to determine "why" events happen, or "why" people, including themselves, act the way they do. In doing so, people can increase their understanding of the behavior and can increase their ability to predict what they, or someone else, is likely to do in the future. Heider (1944) suggests we do not initiate the attribution process for every behavior or event that we observe or experience. Rather, it appears that when something unexpected, negative or important occurs, the attribution process is initiated (Weiner, 1985).

In attempting to understand achievement motivation, Weiner developed an attributional theory of motivation and emotion. According to Weiner, in seeking an answer to 'why we succeed, fail, etc.', we determine whether the cause is internal or external, stable or unstable, and controllable or uncontrollable (Weiner, 1985). Weiner claims that our attributional analysis along each of these dimensions has implications for our emotional reactions and that our emotional reactions, in turn,

influence our behaviors. Similarly, locus, stability, and controllability are believed to be important causal dimensions in making attributions for traumatic events.

When we attempt to determine what or who is the cause of a certain event, we look at the locus of causality. The locus of causality is either internal or external (Weiner, 1985). Individual's who make internal attributions, attribute the event or behavior to something personal, such as his or her behaviors, abilities, motivations, attitudes, or personality. Individual's who make external attributions, attribute the event or behavior to something external (outside of themselves) such as another person, something in the situation, or chance. Applying this analysis to a traumatic event like sexual abuse, a victim can make an internal attribution by believing he or she was responsible for the abuse through his or her behavior or character. An external attribution is made if he or she believes the perpetrator, or another circumstance such as bad luck, caused the abuse.

A second dimension of causality is stability. Some causes, or sources of attributions have the ability to fluctuate while others remain constant (Weiner, 1985). For example, if a victim attributed the abuse to his or her personality, this would be an internal stable attribution because one's personality is expected to be fairly constant. However, if a victim attributed the abuse to his or her behavior (such as a lack of effort to remove oneself from the abusive situation), this would be an internal, unstable attribution. A causal factor like effort is perceived as being changeable, alternating from time to time (Weiner, 1985).

The same reasoning applies for external attributions. If a victim attributes the abuse to his or her parents, this may be seen as stable, for parents are not likely to change, or disappear, and therefore the likelihood of the abuse being repeated is high. However, an attribution to an external, unstable cause would be an attribution to a stranger who one is unlikely to see again, or to bad luck (being in the wrong place at the wrong time) (Weiner, 1985). In this instance, the likelihood of the abuse being repeated is low, for one is unlikely to encounter the stranger again or one is unlikely to have bad luck again.

Controllability is a third dimension of causality[2]. A cause may be seen as controllable or uncontrollable. For example, if the abuse were attributed to the victims' behavior, this would be considered to be a controllable, internal, and unstable attribution. In essence, by changing his or her actions the victim has the ability to determine whether the abuse will be repeated. If the cause is perceived to be a consequence of the victims' character (such as personality traits or some characteristic believed to be less changeable than behavior), this would be an uncontrollable, internal and stable attribution.

The same reasoning applies when one alters the locus of causality. For example, if the victim attributes the abuse to a parent who made a conscious decision to abuse, this would be an external, stable and controllable attribution. However, if the victim believed the parent did not have control, this would be an external, stable

---

[2] Intentionality and controllability are highly correlated and have sometimes been used interchangeably. People intend to do what is controllable, and can control what is intended, but they are distinguishable (Weiner, 1985). For example, one may not have intended to get lung cancer, but could have controlled it by quitting smoking.

and uncontrollable attribution. An example of an external, unstable and uncontrollable factor would be attributing the abuse to chance where the victim may believe he or she was at the wrong place at the wrong time.

The dimension of stability can be demonstrated through an example using characteristics of sexual abusive situation. When an event is stable, it occurs consistently over time. If a young child is abused and thinks he/she is the only person to whom this ever happened, was abused over a long period of time, and has been abused by multiple perpetrators over different circumstances, then the child is likely to attribute the abuse to him/herself. If, however, the child knows he/she is not the only one abused, the abuse only occurred once in a particular place by one stranger, the child will be less likely to attribute the abuse to him/herself. The child may believe he/she was at the wrong place at the wrong time, or may attribute the causal responsibility for the abuse to another person, like the perpetrator. Therefore, abuse characterized by a long duration and being abused by multiple perpetrators will be more likely to be attributed to internal sources when compared to short duration of abuse, and abuse by one perpetrator.

Weiner's (1985) attribution theory describes the nature of the relationships expected between specific attributions and emotional experiences.[3] Each emotional reaction or experience is generated by a particular attribution. In this cognition-emotions process, causal dimensions play an important role in the emotion process.

---

[3] For purposes of this research, emotional experiences are broadly defined to include an adaptation response grounded in bodily expressions and actions, cognitive appraisals, and social interactions (Fisher & Tangney, 1995).

Each causal dimension is related to a set of feelings. For example, self related emotions are influenced by the locus of control dimension. When you experience success or failure and perceive them as due to internal causes such as personality, ability, or effort respectively, raises or lowers self-esteem. To the contrary, an external attribution for either a positive or negative event does not influence feelings about oneself (Weiner, 1985).

When people experience a negative traumatic or unexpected event, they need to incorporate it into their understanding to make sense of what has happened. Some explain their victimization experience as due to causes external to themselves, such as another person, situation, or chance, and others explain the event as due to personal factors either behavior or character.

An example of a positive unexpected situation can be illustrated by the following simplistic case. You are on your coffee break at work and your employer surprises you with a raise. Because this is unexpected, you wonder "why" you evaluate the situation, and decide that you are excellent at what you do, and your efforts have recently increased by working longer hours (internal). This locus dimension of causality is what influences your pride and self-esteem. You may also feel that this good work will continue in the future (stable), and you have control over your work performance (controllability). According to attribution theory, if you attribute your raise (i.e., unexpected positive event) to internal, stable and controllable sources, you will experience feelings of pride.

On what are attributions based?

Attributions people make are based on causal antecedents which, may include past experiences, personality, gender, characteristics of the situation, or events to be explained. Attributions people make also depend on whether they are the actor or the observer of the behavior or event. According to Heider (1944), individuals are biased to make attributions that others' behaviors are intentional, reflecting personal dispositions and therefore may occur in the future even under different circumstances. This makes prediction easier. On the other hand, when making attributions for their own behavior, individuals are more likely to make situational attributions because they have more information on which to base their attribution and are more likely to be aware that their behavior varies across situations and with different people. In addition, individuals are motivated to make situational attributions based on personal needs, and therefore in negative scenarios, are more likely to make attributions about their own behavior and dispositional attributions about another person's behavior. For example, if we fail an exam, we may say, "I failed because the exam was too difficult." However, if our friend fails the same exam we may say, "he/she did not study enough." The opposite is true in positive scenarios. If we received an excellent mark on statistics exam, we would say "I am good in statistics" but, if our friend got an excellent mark, we would tend to say, "The professor is an easy marker". By taking personal credit for good acts, and denying blame for negative outcomes, the individual is really protecting his/her self-esteem. This type of attribution (success to internal, and failure to external) illustrates an existence of a 'hedonic bias' (Weiner, 1985), which is qualified by a gender difference, and can be related to differences in

expectancies or self-stereotyping (Deaux, 1976). It appears that males are more likely to attribute success to something internal and failure to something external than are females. By contrast, females tend to attribute success to something external and failure to something internal. For example, if one failed an exam, a male would typically state that the instructor gave a difficult exam. A female would respond by thinking she was stupid, or that she should have studied harder. It therefore appears that the attribution one makes for an event or behavior depends on whether they are an actor or observer of that situation, and is further complicated by a gender difference (Deaux, 1976).

An individual's personality characteristics (e.g., locus of control, depressogenic cognitive style) and attitudes (e.g., belief in a just world) also influence the attributions individuals make. And, finally, the characteristics that surround a behavior or event provide individuals with information which influences attributions they make for that behavior or event. Hence, survivors' attributions for their childhood sexual abuse will depend, in part, on the characteristics that surrounded the abusive situation. Unfortunately there is a paucity of research that has focused on specific characteristics and how they impact the attributions people make. What we do know is reported below.

The Impact of Characteristics of the Situation on Survivor Attributions for Childhood Sexual Abuse

Several characteristics of the abusive situation have been found to be associated with the attributions survivors make for their childhood sexual abuse.

These include age when first abused, relationship of perpetrator to victim, the total number of perpetrators, and the severity or type of abuse.

Age of Onset

The younger victims are when first abused, the less they blame the perpetrator and the more they blame themselves. Hoagwood (1988) found that children who were victimized at very young ages had greater difficulty externalizing the blame and directing it towards the perpetrator. This makes sense according to Piaget's theory of cognitive development, for preoperational children (ages two to six) are egocentric and less able to differentiate between themselves and others because their cognitive frame of reference is limited (Siegler, 1991). Preoperational children perceive themselves to be the center of their world and therefore the "cause" of all events they experience.

Relationship between perpetrator and victim

A study done by Katz and Burt (1986, as cited in Koss, et al., 1988) suggests that non-stranger rape victims blame themselves more than did victims of strangers. One possible reason is that non-stranger rapes frequently involve a series of assaults by the same offender (Koss et al., 1988), and would therefore be involving multiple incidents of abuse which could lead a victim to believe that it is something about themselves that is instigating the multiple abuses. There is also some evidence to suggest that survivors of childhood sexual abuse are less likely to blame perpetrators who are close family members or in positions of trust (such as parents or parent figures). It has been argued that it is likely more threatening for a child to attribute

blame to an adult in a position of trust for abusing them than to blame a stranger (Shapiro, 1989).

Severity of Abuse

The severity of the abuse experienced by victims also seems to impact victims' attributions for the abuse. Morrow (1991) found that survivors who made internal attributions were more likely to have experienced sexual intercourse rather than only fondling or kissing in their molestation. Increased self blame may result from feeling responsible for not being able to stop the abuse from progressing to the point of intercourse (Morrow, 1991).

Multiple Perpetrators

According to the Just World Hypothesis (Lerner, 1980), people have a tendency to believe that the world is a just and fair place where good and bad events only happen to those who deserve them. Following this hypothesis, victims who encounter abuse by multiple perpetrators will blame themselves more, believing that they deserved it. Multiple rape victims see themselves as more vulnerable than others, and tend to attribute this situation to internal causes such as traits or behaviors (Marhoefer-Dvorak et al., 1988; Perloff, 1983). Victims of childhood sexual abuse who were abused by several perpetrators on different occasions, often report that it must have been something unique to them (Marhoefer-Dvorak, 1988), such as their smell, or looks that attracted all the perpetrators (Skrypnek & Hemingson, 1994). Thus they believe they are responsible for the abuse.

Use of Coercion

Use of coercion by perpetrators during abuse has been found to relate to survivors' attributions for the abuse. Wyatt and Newcomb (1990) report that if psychological coercion was associated with victimization, victims were more likely to blame themselves for the incident. Wyatt and Newcomb suggest that the victims blame themselves for not being able to detect the manipulation involved. Beitchman et al., (1992) claims that victims will experience less self-blame if physically forced into a sexually abusive experience. Victims are more likely to attribute blame for the abuse to the perpetrator when force and aggression have been used (Browne & Finkelhor, 1986).

Duration of Abuse

The longer the length of time the abuse persisted, the more self-blame women experienced, as both children and adults (Hoagwood, 1988). One explanation would be because if women experience the abuse for a long period of time, they believe it must be something stable. Unless the survivor is aware that the perpetrator has abused others, she will likely think the cause is to be found within her.

In summary, it appears that the younger the individual when first abused, the closer the relationship between the victim and perpetrator, the more invasive the abuse, the longer the duration of abuse, the greater the number of perpetrators, and the use of psychological coercion all are related to the less survivors blamed the perpetrator and the more they blamed themselves. The opposite pattern seems to occur for physical coercion. If physically forced into the abusive situation, survivors report less self-blame.

Impact of Attributions on Emotions

The notion that the causal attribution a person makes for their victimization will influence their adaptation response is not new (Bulman & Wortman, 1977; Janoff-Bulman & Frieze, 1983). In their classic study of survivors' of spinal cord injury, Bulman and Wortman (1977) found that those who blamed themselves coped better than did those who blamed others. Bulman and Wortman claimed that blaming oneself fosters positive adjustment by affirming a sense of personal control.

Some research that followed Bulman and Wortman's (1977) work focused on patients with spinal cord injury, mothers with high risk infants, and mothers of children with serious medical conditions, to mention a few. In these studies of reactions to traumatic life events, a positive relationship between self-blame and adjustment and a negative relationship between external blame and adjustment was found: those who blamed their own behavior coped better than did those who blamed others (Affleck, Allen, McGrade, & McQueeny, 1982; Bulman & Wortman, 1977; Tennen, Affleck, & Gershman, 1986). It seems that if individuals believed that by changing their behavior they could avoid the traumatic event in the future, they experienced more positive emotional adjustment (Tennen, Affleck, & Gershman, 1986; Schulz & Decker, 1985). Yet numerous other studies of survivors of traumatic life events have found that self-blame led to poor coping (Frey, Roger, Schuler, Korte & Havemann, 1985; Whitenberg, Blanchard, Suls, Tennen, McCoy & McGoldrick, 1983), and greater anxiety, depression, and hostility (Nielson & MacDonald. 1988).

Janoff-Bulman (1979) contends that blaming oneself may have both positive and negative effects on adjustment following a traumatic event depending on the type of self-blame. Behavioral self-blame occurs when an individual blames himself or herself for doing something, or not doing something about their behavior. It corresponds to an effort attribution and therefore can be modified. Character self-blame occurs when the individual blames the abuse on something about their character or personality. It corresponds to an ability attribution, which are generally regarded as unchangeable (Timko & Janoff-Bulman, 1985). Indeed, some studies found that blaming one's personality or others for a traumatic event was associated with adjustment problems (Timko & Janoff-Bulman, 1985). Victims who attributed blame to others reported more anxiety, depression and confusion (Affleck et al., 1982) and greater mood disturbances (Tennen et al., 1986) than did those who blamed themselves. Therefore, it appears that behavior self-blame may have a positive impact on adjustment; whereas character self-blame and blaming others has a negative impact on adjustment.

Yet, other studies of individuals who experienced traumatic life events found that character self-blame was associated with higher depression and poorer functioning and behavior self-blame was unrelated to adjustment (Major, Mueller & Hildebrandt, 1985; Mueller & Major, 1989). Other research conducted on rape victims found both character and behavior self-blame was associated with greater fear and depression (Meyer & Taylor, 1986) and poorer adjustment for victims (Frazier, 1990). Likewise, Hoagwood (1990) found that women who blamed themselves as adults compared to women who blamed their perpetrator for their childhood sexual

abuse were more depressed and had poorer self-concepts. Those who blamed others or the situation experienced more adjustment and coping problems (Sholomskas, Steil & Plummer, 1990), and depression than those who did not blame the situation or others (Major et al., 1985; Mueller &Major, 1989).

Thus, while it is believed there is a relationship between attributions for traumatic life events and later functioning, the nature of the relationship is not completely clear.

Impact of Emotions on Adjustment

Psychologists speculate that the individual differences in proneness to certain emotions like shame and guilt have important ramifications for interpersonal and intrapersonal processes (Tangney, 1990). Despite the increased research on the psychological impact of survivors of sexual abuse, only a few studies have investigated the role specific emotions make in adult adjustment (Carey, Kemption & Gemmill, 1996). One reason for the paucity of empirical research is due to lack of reliable, valid instruments for assessing and differentiating proneness to shame and proneness to guilt (Tangney, 1990).

Shame and guilt both are grouped in the class of 'moral emotions' because they are presumed to foster moral behavior and inhibit moral misdemeanors. They are also self-conscious' emotions, for they both involve referring to the self with respect to standards for self or behavior (Tangney, 1995). Shame and guilt are evoked by very similar negative events or situations, which are typically experienced in interpersonal contexts. Furthermore, these emotions are in response to some personal

failure or transgression, hence involve some type of internal attribution (Tangney, 1995).

An essential difference between the experience of shame and guilt is the role of the self. Both shame and guilt involve negative affect, but the focus of the negative affect differs. The experience of shame involves a negative evaluation, focusing directly on the self. In guilt however, the negative evaluation is not on the self directly, but rather in connection with the thing that was done, or not done (Tangney, 1995). This difference is what leads to distinct phenomenological experiences of shame and guilt (Tangney, Wagner, Fletcher, and Gramzow, 1990).

According to attributional thinking, the differentiation between the emotions of shame and guilt is similar to Janoff-Bulman's (1979) distinction between the attributions of behavior self-blame and character self-blame. Shame, like character self-blame is focused on the entire self, and can be viewed as stemming from internal, uncontrollable, but stable causes. Guilt, like behavior self-blame is focused on behavior, or the thing done or not done, and can be viewed as evolving from internal, controllable, and less stable causes (Tangney, 1990).

Shame involves a focus on the entire self, which is painfully examined, and negatively evaluated. For example, feeling like 'I am a bad person'. People who experience shame report feeling diminished, or a sense of shrinking, of being small. They are overwhelmed by a sense of worthlessness, or powerlessness. Although shame can be experienced when one is alone, it involves the imagery of being exposed before a disapproving audience, either real or imagined. Shame involves an awareness of how the defective self may appear to others (Tangney, 1995; Tangney,

Burggraf & Wagner, 1995). Guilt too, is a bad feeling, but is much less painful and devastating than shame. Unlike shame, the negative evaluation is on the behavior not the global self, and therefore does not affect one's core identity (Tangney, 1995, Tangney, Burggraf, & Wagner, 1995).

Shame and guilt also differ in their motivational and behavioral components. When guilt is experienced, there is a feeling of a need to confess, apologize, or make amends for the bad 'thing' that was done. Because a behavior rather than the self is the primary concern, the self remains unified and intact, ready to take reparative actions (Tangney, 1990).

Shame is accompanied by a desire to hide or disappear. The main focus is avoidance. However, there is considerable theoretical and empirical evidence to attest that shame may initiate not only avoiding behavior, but also defensiveness and hostility towards those involved in the shame-inducing situation. Shame can motivate a defensive, retaliate anger directed toward the self and the real or imagined other. Because shame involves disapproval from others, self-directed hostility is easily re-directed toward others who were involved in the situation. This may serve as a defensive function, by attempting to regain a sense of control, which was impaired during the shame experience (Tangney, 1995).

Because shame and guilt are emotions typically experienced in intrapersonal contexts, there have been in-depth examinations of the interpersonal implications of these emotions. Empirical studies suggest that guilt fosters an adaptive adjustment towards others, and shame fosters maladaptive adjustments towards others.

Because feelings of guilt focus on a specific behavior and its impact on others, it appears to promote empathy directed at others. Feelings of shame however, appear to interfere with other-directed empathy, by motivating behaviors that interfere with interpersonal actions such as avoidance, or blaming others. Tangney claims that shame and anger are linked, and that individuals experiencing shame and anger tend to deal with the situation in destructive ways. In contrast, feelings of guilt are less likely to foster feelings of anger, but when angered these individuals manage the interpersonal conflict constructively, motivated to repair any subsequent damage.

In sum, shame and guilt are both negative affective experiences with different implications on interpersonal relationships. Guilt appears to be more adaptive, with a motivation to discuss matters in a non-hostile manner. Feelings of shame appear to be destructive in interpersonal relationships, linked with maladaptive anger. Are there similar implications for intrapersonal adjustment? Is the experience of guilt more adaptive than shame on our psychological well-being?

The impact shame and guilt have on psychological disorders has been prominent in the clinical and theoretical literature, dating back to the work of Freud (1896/1962) (Tangney, Burggraf, & Wagner, 1995). However, the empirical investigations have lagged behind the theory due to the difficulty in assessing and differentiating shame and guilt.

Shame and guilt are two emotions frequently confused. Well educated adults and psychologists have difficulty defining and distinguishing these emotions (Tangney, Berggraf, Wagner, 1995). Although used interchangeably, psychological theory and phenomenological studies indicate that shame and guilt are distinct

affective experiences. Shame and guilt differ among affective, cognitive, and motivational dimensions (Tangney, Burggraf, Wagner, 1990). Thus, distinguishing between these emotional experiences is important.

A number of researchers have developed scales in attempt to differentiate proneness to shame and proneness to guilt. Using these measures, proneness to shame and proneness to guilt were substantially correlated. This is not surprising given the features shared by the two emotions. However, interestingly, the measures of proneness to shame were consistently positively correlated with a number of psychological symptoms, including: somatization, obsessive-compulsive, psychoticism, paranoid ideation, hostility, interpersonal sensitivity, anxiety, phobic anxiety, and depression. By contrast, measures of guilt were negatively correlated with these same psychological symptoms (Tangney, Burggraf, & Wagner, 1995). These results suggest that proneness to shame and proneness to guilt are differentially related to indices of psychopathology.

Study Purpose and Hypothesis

Because shame, guilt, hopelessness and anger are common emotional reactions survivor's experience, and it is commonly believed that these are destructive emotions, clinicians attempt to assist clients in shedding these emotions. There is considerable variability in survivors' emotional reactions to similar traumatic events. Yet we know little about the factors that contribute to these emotional experiences. Knowledge about how factors such as the characteristics of the abusive situation and survivors' attributions for the abuse influence emotional reactions has important implications for therapy and for the development of relevant theory. Therefore, the

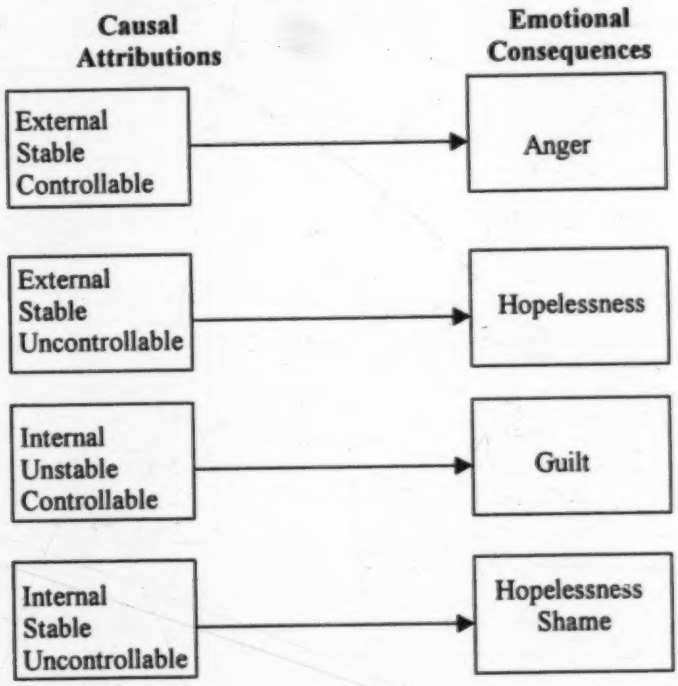
purpose of this research was to test the usefulness of part of a causal model based on Weiner's version of the attribution theory of motivation and emotion, that explicates the relationship among characteristics of the situation, attributions, emotions and adjustment. Specifically, the objectives are to: a) investigate the role of several characteristics of the abusive situation (age of onset, severity of abuse, number of perpetrators, and duration of abuse) in predicting several attributions for the abuse (behavior self-blame, character self-blame, perpetrator, chance/luck; b) investigate the direct role of those characteristics of the abusive situation in predicting emotional experiences of shame, guilt, hopelessness, and anger; and c) investigate the role of survivors' attributions in predicting their emotional experiences of shame, guilt, hopelessness and anger in a sample of female survivors of childhood sexual abuse.

According to Wiener (1985), for a traumatic life event like childhood sexual abuse (refer to Figure 2), if the victim attributes the abuse to an external, stable and controllable factor, such as blaming someone else, this would evoke the emotion of anger/hostility. Here the abuse would be considered voluntary and unjustified (Wiener, 1985). If the victim attributes the abuse to something uncontrollable and stable, either internal or external, the person is likely to experience feelings of hopelessness or depression. The idea is that if the victim feels they have no control, and that nothing is going to change, they will experience feelings of hopelessness. If the victim attributes the abuse to something internal, controllable, and unstable, they would be attributing it to something in their behavior and the result would be feelings of guilt. Shame on the other hand would be a consequence of an attribution to an internal, stable and uncontrollable cause, for example, one's character. Guilt is related

to failure due to lack of effort, something controllable, whereas shame is related to defective character, something uncontrollable.

Figure 2

Emotional Consequences of Specific Causal Attributions for Negative Events



Based on Weiner's theory of achievement motivation and emotion, the following hypotheses were proposed (refer to Figure 3a for an illustration).

Hypotheses based on Weiner's Model

Hypothesis #1: Characteristics of the abusive situation would predict survivor's attributions for the abuse.

a) Age of onset would predict behavior self-blame. The older the survivors were at the time of the abuse, the greater the behavior self-blame.

b) Duration of abuse would predict character self-blame. The longer the duration, the greater the character self-blame.

c) Total number of perpetrators would predict character self-blame. The greater the number of perpetrators, the greater the character self-blame.

d) Total number of perpetrators would predict perpetrator blame. The fewer the number of perpetrators, the greater perpetrator blame.

Hypothesis # 2: Survivor's attributions for the abuse would predict survivor's emotional reactions.

a) Character self-blame would predict shame. The more survivors blame their character the more shame they experience.

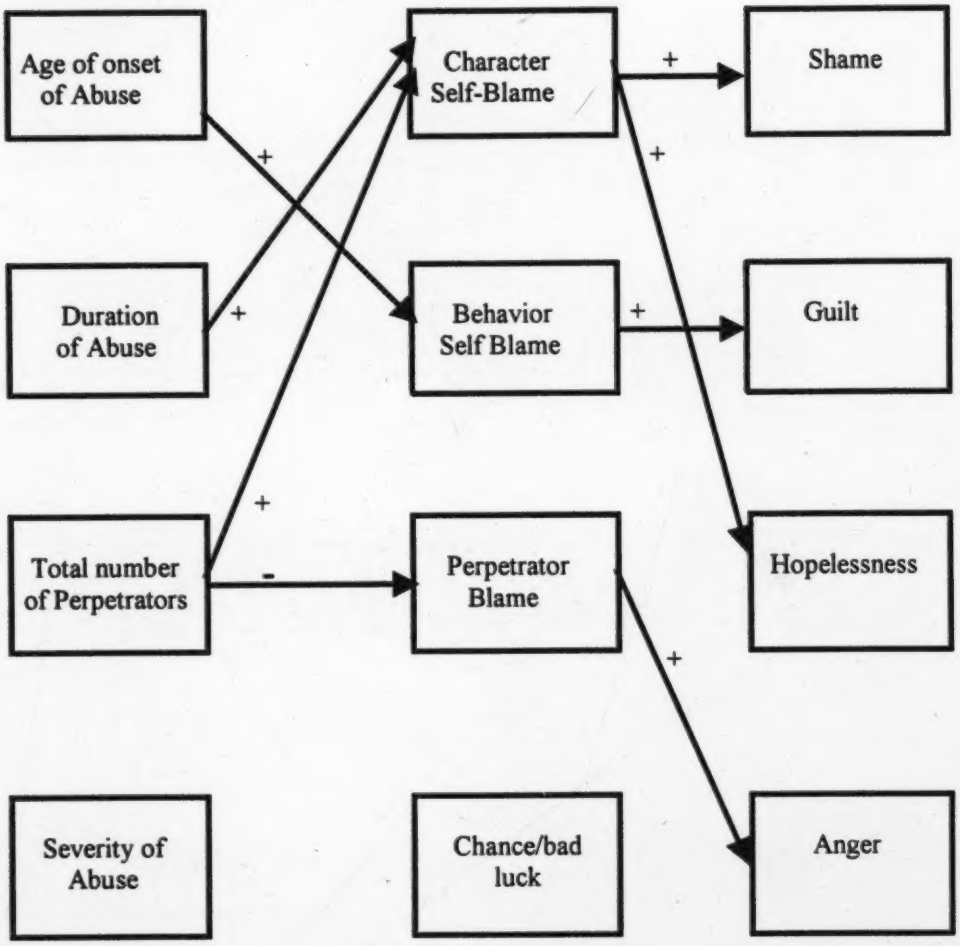
b) Character self-blame would predict hopelessness. The more survivors blame their character the more hopelessness they experience.

c) Behavior self-blame would predict guilt. The more survivors blame their behavior the more guilt they experience.

d) Perpetrator blame would predict anger. The more survivors blame the perpetrator, the more anger they experience.

Figure 3 (a)

Hypotheses based on Weiner's Model



In addition to those hypotheses based on Weiner's model, several hypotheses were proposed based on the relevant literature (refer to Figure 3b for an illustration).

Hypotheses based on relevant literature

Hypothesis #1: Characteristics of the abusive situation would predict survivor's attributions.

a) Severity of abuse would predict character self-blame. The more severe the abuse, the greater the character self-blame.

b) Severity of abuse would predict behavior self-blame. The more severe the abuse, the greater the behavior self-blame.

Hypothesis #2: Characteristics of the abusive situation would predict emotions.

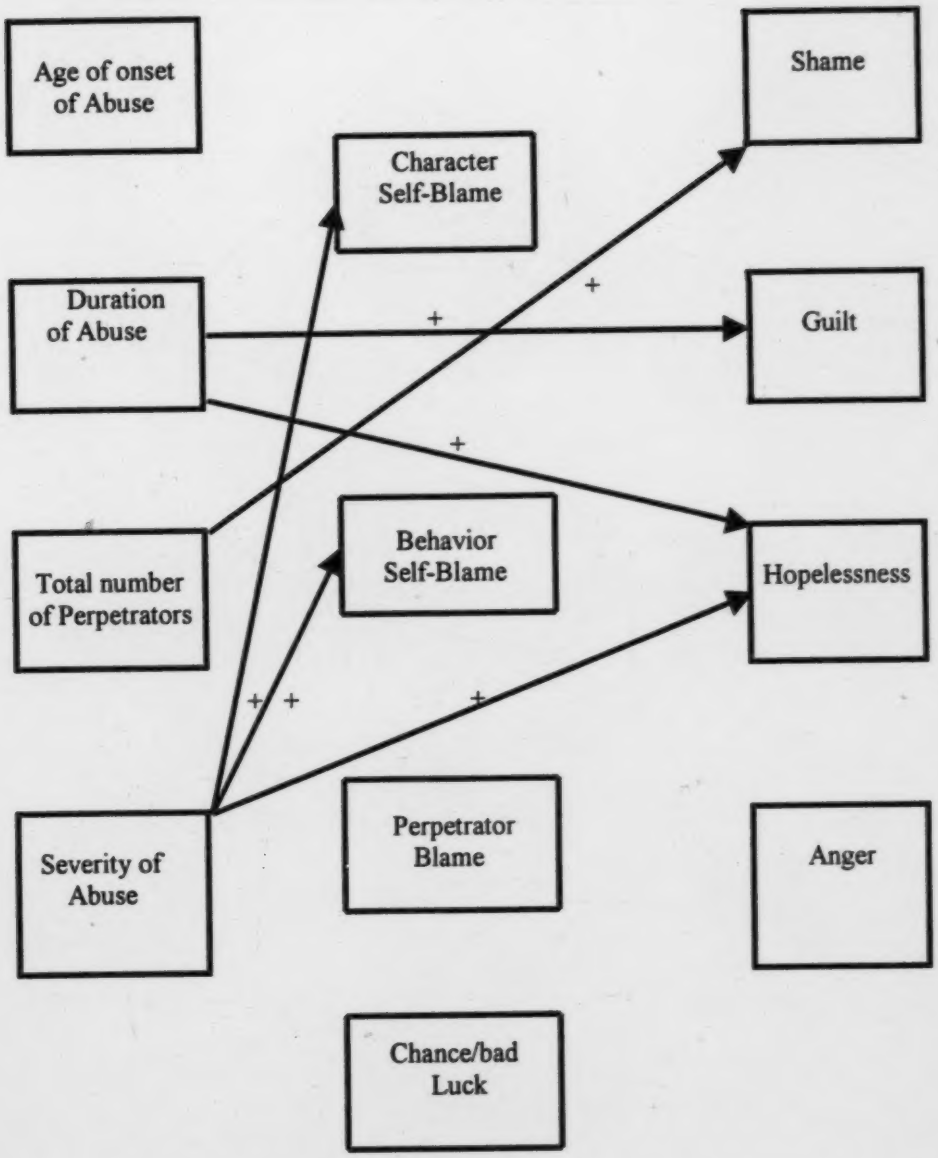
a) Duration of abuse would predict guilt. The longer the duration, the greater the guilt.

a) Duration of abuse would predict hopelessness. The longer the duration, the greater the hopelessness.

a) The total number of perpetrators would predict shame. The greater the number of perpetrators, the greater the shame.

a) Severity of abuse would predict hopelessness. The more severe the abuse, the greater the hopelessness.

Figure 3 (b)
Hypotheses based on relevant literature



CHAPTER III

METHODOLOGY AND ANALYSIS OF DATA

Sampling Procedure

This research used data collected from another project[4] in which women who were survivors of childhood sexual abuse had participated in in-depth interviews about their sexual abuse and completed paper and pencil measures of their attributions for the abuse, emotional experiences, and adjustment. Using the existing data, three regression analyses were conducted to produce a path analysis.

The sample consisted of 67 adult women who were sexually abused prior to 18 years of age by a family member or by a non-family member. The definition for childhood sexual abuse included both contact and non-contact sexual abuse. Contact abuse included inappropriate kissing, fondling and attempted or completed vaginal, oral, and anal intercourse. Non-contact abuse included pornography, voyeurism and exhibitionism.

Women were recruited through paid advertisements in two local newspapers (See Appendix 'A'), public-service announcements on local radio and television stations (See Appendix 'B'), and posters placed in various areas around the city. Each approach asked adult women who had been sexually abused as a child if they would

[4] The original project "Self-Blame and Adjustment in Survivors of Childhood Sexual Abuse" involved data collection from 1993 to 1995.

like to volunteer to participate in a study on the thoughts, feeling and problems of women who have been sexually abused as children.

Procedures in the Original Study

Women who were interested in the research made the initial contact over the telephone. During this telephone contact the women were provided with the following information:

> "This study is part of an ongoing program of research of Dr. Berna Skrypnek here at the University of Alberta. Besides Dr. Skrypnek, I, and another researcher are currently involved in helping to collect and analyze the data. We are conducting the study in order to understand more about the thoughts, feelings, and problems of women who have been sexually abused as children. We ask you to participate in one session, which involves an interview, and completing several paper and pencil questionnaires. The session is expected to take approximately two hours to complete. The session usually takes place in an office we have at the University of Alberta.
>
> The first part of this study involves an interview. The interview begins by asking you some very general questions about your background, such as your age, education, occupation, family, etc. Then we will move on, and you will be asked to talk about the sexual abuse you experienced as a child. We recognize that some of these questions may be upsetting for you and we want you to know that should you

decide to participate, you do not have to answer any question you do not feel comfortable answering. We also want you to know that you will be treated with sensitivity and respect. If at any time you wish to stop the interview, we will. You will be in control of what happens. With your permission, we will audio-tape the interview so that I do not have to take so many notes. Afterwards the interviews will be transcribed, that is, typed up, with all names or other identifying information omitted. Then the tapes will be destroyed. Neither the interview nor the questionnaires will identify you; we will simply use an identification number.

After the interview, you will be asked to complete several paper and pencil questionnaires. These ask you about your thoughts about why the abuse occurred; about your emotions; and about problems that you might be experiencing (such as sleep problems, headaches, worries, anxiety, etc.). Although we would like participants to complete all the questionnaires for research purposes, you, of course, should only answer those questions you wish to answer or feel comfortable answering.

I know this has been a quick description of the study. Do you have any questions about the study? Is there anything else I can tell you?

Once all questions were answered, the women were asked if they were interested in participating in the study. Those women who decided they were not interested in the study were thanked for their interest and were encouraged to phone again if they changed their minds. Women who were undecided, or needed more time to make a decision for their interest to participate, were told to take as long as necessary to think about it and to call back if they decided to participate, or if they had more questions regarding the study. For those women who decided to participate, the interviewer arranged a time and place for the interview to be held. Under most circumstances the interviews were held in an office at the University of Alberta. However, occasionally, due to transportation or childcare concerns, or if the women were not comfortable with the University campus, the interviews took place at an alternative, mutually convenient location for both the participant and the interviewer. The women were given detailed instruction on how to get to the office, or alternate location. Interview times were arranged at a mutually convenient time.

Interview Procedures

Wherever the interview was held, the interviewer began by introducing herself and building rapport. The interviewer established rapport through making the participant feel comfortable by offering them a coffee or juice, and engaging in 'small talk'. This involved conversation about the weather, or how easily they found the office. Another attempt at making the participant feel comfortable was through furnishing the interview room with objects such as a large easy chair for the interviewee, an end table, and a dried flower arrangement, etc..

Once introductions and 'small talk' were complete, the interviewer repeated the information that the women received over the telephone to clarify any questions they may have had. The women were then provided with an information sheet for their own records. (See Appendix 'C' for a copy of the information sheet.) At this point the interviewer discussed three essential issues with the women. First, it was emphasized to each woman that her participation in the study was completely voluntary and she could withdraw at any time. Second, the women were reassured that their confidentiality was a top priority, and all efforts would be used to maintain this. Finally, permission to tape the interview was requested from each woman. After questions and concerns were addressed, the participants read, and signed the consent forms. (See Appendix 'D' for a copy of the consent form.)

Interview Design

The interviews were semi-structured in order to serve as a guide to the interviewer and help keep the interview focused. (See Appendix 'E' for a copy of the interview schedule.) The questions were asked in an open-ended manner to allow women to talk freely. If the respondent did not address the question, the interviewer probed by asking further relevant questions. Care was taken to prevent guiding the women into certain answers.

The interview began with some demographic questions such as date of birth, family of origin, marital status, education, etc. Next the women were asked about any abuse they may have experienced as an adult. The following section dealt with childhood sexual abuse. This portion of the interview was the least structured, allowing the women to talk freely about their experiences in their own words. The

next section asked women why they thought the sexual abuse happened to them. If women did not spontaneously discuss self-blame, they were asked if they have ever blamed themselves. The last section of the interview dealt with the healing process. The interview generally moved from the general to the more specific, with the least threatening questions at the beginning. This allowed participants time to feel comfortable and make the more threatening questions easier to answer. The interviewer was respectful and understanding throughout the interview. On average, the interview lasted an hour to an hour-and-a-half, depending on the individual respondent.

Once the interview was completed, the women were offered a five to ten minute break. Then the session continued with the administration of three questionnaires. In order, these were 1) "Why we think sexual abuse happens to us" Questionnaire (2) Test of Self-Conscious Affect (TOSCA; Tangney, Wagner, Fletcher & Gramzow, 1992) and (3) Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1983)[5].

The interviewer stressed the importance of reading and understanding all the instructions. The women were also informed that they should not put their names on the questionnaires, and that they could take as much time as they needed. Finally, the women were told they would be left alone to complete the questionnaires, but the interviewer would be around and check in occasionally to see if they had any

[5] Generally, the order in which questionnaires are given to participants is counter balanced to eliminate order effects; however, as this project was a pilot study and partially exploratory, measures were put in order of importance or interest. The attribution measure was administered first so that other measures could not affect responses.

questions or concerns. The questionnaires usually took between 20 to 30 minutes to complete.

After the participants completed the questionnaires they were debriefed (See Appendix 'F'). This involved explaining to the women some of the factors found to be related to adjustment in adults. The women were also given the opportunity to discuss any factors that had significantly affected them, or voice any concerns they may have, and the interviewer attempted to address them. The participants were given a final information sheet (See Appendix 'G') containing an invitation and the means to contact the project supervisor, Dr. Berna Skrypnek, or the interviewer if they had any further concerns or questions, or were interested in a copy of the results.

Because the nature of this study could have been distressing to some of the participants, a Resource Sheet containing information on where to go for help was provided (See Appendix 'H'). The interviewer emphasized the importance of utilizing these resources, or a therapist of their own, if they experienced emotional problems or reactions in response to participation. They were also warned about the possibility of a delayed reaction and it was also suggested they contact Dr. Skrypnek if this happened. Finally, the women were commended on their courage in telling their stories, and thanked for their participation in the study. Debriefing the participants usually required 5 to 10 minutes.

Measures

This research examined the relationships among several characteristics of the abusive situation, survivors' attributions for the abuse, and current emotional experiences. These variables and how they are measured are discussed below.

Characteristics of the Abusive Situation. Information collected during the interview was used to determine the age of onset of childhood sexual abuse, severity of the abuse, the number of perpetrators, and duration of the abuse. Participants were told they would be discussing the sexual abuse they experienced as a child and were asked questions similar to the following. "Do you remember when it first started? How old were you?" This would determine the age of onset. When participants were abused on more than one occasion, the age at which the earliest incident occurred was used. Age of onset was coded in years, and when abuse occurred prior to age one, '0' was used.

Participants were also asked when the abuse terminated. By subtracting the age of the victim when the abuse began to the age when each incident ended, the duration of the abuse was calculated for each incident. The total duration of all incidents was then calculated for each participant. Duration of abuse was coded in years. When participants were abused on a single occasion or less than one year it was coded as 1 year.

To determine the severity of abuse, the section of the interview in which participants described their story of abuse was used. If the participant did not give any details about the nature of the abuse, gentle probes soliciting more details were used. The severity of the abuse was coded into four levels or categories: non-contact or

clothed touching; unclothed touching; invasive contact (fellatio etc.); and anal or vaginal intercourse (attempted or completed).

To determine the number of perpetrators a participant had experienced the number of perpetrators reported by participants for each incident were added. In situations where there was more than one perpetrator, the participant would usually indicate so. For example "Well, the first person who abused me was my father, and that went on for a number of years, and then when I was 12, I was sexually abused by a stranger." This participant has indicated two different individuals abused her. The interviewer inquired about more than one perpetrator if participants didn't spontaneously report all perpetrators. In cases involving a gang rape, the total number of individuals involved in the abuse was included.[6] For example, if a participant had three abusive experiences, and one involved a gang with 4 perpetrators, and the other two abusive incidents were sole perpetrators, the total number of perpetrators for this participant was 6.

Attributions. Participants current causal attributions for their childhood sexual abuse was assessed using "Why We Think Sexual Abuse Happens to Us" questionnaire (See appendix 'I' for a copy of this measure). These attributional measures were adapted from those previously used in attribution research (i.e., Gold, 1986; Heath, Donan, & Halpin, 1990; Hoagwood, 1990; Janoff-Bulman, 1979; and Skrypnek, 1980).

---

[6] In five cases, the participants reported a gang rape but could not remember the number of individuals involved. In these cases, it was assumed that it was a gang of four and this number was included in the calculation of the numbers.

First, participants were asked to rate to what extent each of several factors (i.e., self, society, perpetrator, others and chance) were causes of their sexual abuse. They responded along a 7-point likert scale ranging from "do not blame at all" (1) to "completely blame" (7).

Next, to assess behavior and character self-blame, participants were asked "To what extent do you blame your childhood sexual abuse on something about your behavior (e.g. what you did or did not do or how you acted)?", and "To what extent do you blame your childhood sexual abuse on the type of person you are or were as a child (e.g. personality, moral character, traits etc.)?" Again, participants responded on 7-point likert scales ranging from "do not blame at all" (1) to "completely blame" (7).

Emotional Experiences. "The Test of Self-Conscious Affect (TOSCA)" was used as a measure of the emotional experiences of shame and guilt (See Appendix 'J' for a copy of this measure). The TOSCA consists of 10 positive and 5 negative scenarios and associated responses, which yield indices of shame-proneness, guilt-proneness, externalization, detachment-unconcern, alpha-pride, and beta-pride. The scenarios were drawn from written accounts of personal shame, guilt and pride experiences provided by a sample of several hundred college students and adults not attending college. The TOSCA has established validity and reliability (Tangney, 1990). Regarding validity, the interrelationship among the sub-scales and their relation to other measures of shame and guilt are as expected. Shame has been consistently linked to low self-esteem, numerous indices of psychopathology, an impaired capacity for empathy, and dysfunctional family relations (Tangney, Wagner, Fletcher, & Gramzow, 1992). Guilt on the other hand has been consistently positively

related to interpersonal empathy and negatively related to a detached-unconcerned attitude toward negative interpersonal events and a hostile sense of humor (Tangney, Wagner, Fletcher & Gramzow. 1992). Tangney (Tangney, Wagner, Fletcher & Gramzow, 1992) reports test-retest reliability of .85 for shame and .74 for guilt, and internal consistency alphas of .76 and .66 for shame and guilt scales, respectively.

To measure anger, the hostility sub-scale of the Symptom Checklist-90-Revised or, SCL-90-R were used. The SCL-90-R was developed to measure symptomatic psychological distress (Derogatis, 1983; see Appendix 'K' for a copy of this measure). The instrument consists of ninety items describing psychological symptoms such as, "crying easily", "feeling hopeless about the future", "feeling blue", "nervousness or shaking inside", etc. Each item is rated on a 5-point scale (0-4) of distress ranging from "not at all" to "extremely". The SCL-90-R has nine sub-scales: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Construct validity for each sub-scale was established through factor analysis (Derogatis, 1989).

Internal consistency of the sub-scales range from alphas of .77 to .90, indicating that the items on the sub-scale are fairly homogenous. The hostility sub-scale has an alpha of .90 (Derogatis, 1983). Test-retest reliability is high, with coefficients ranging between .81 and .94 (Derogatis, 1983), indicating the usefulness of this measure in assessing relatively stable traits.

In the original research, there was no specific measure of hopelessness. However, because of the importance of this variable in Weiner's model, a substitute measure was developed. It is standardly accepted that one component of depression is

hopelessness (Abramson, Seligman, & Teasdale, 1978; Abramson, Metalsky, & Alloy, 1989; Beck, 1983). Thus, items that addressed hopelessness in the depression sub-scale from the SCL-90-R were used to contribute to a measure of hopelessness. The internal consistency of this five-item scale was .76. This lends some support to the reliability of the newly constructed measure; however, there is no established validity.

Ethical Issues

Informed Consent. The interviewer ensured all possible steps were taken to guarantee that participants were able to give fully informed consent prior to participation. Participants were informed of any possible risk and side effects, current and long-term, that they might experience as a result of their participation. They were also informed of all the types of questions they would be asked, and the procedure and length of the study.

Risks. Since participants were being asked to describe their childhood experiences of abuse, the researchers were aware that this would be emotional and difficult for many women. It was also recognized that there was a possibility that participation might lead to recovering of repressed memories that could be upsetting. Four specific strategies were employed by researchers to minimize risk/negative reactions to participation and to address them if they arose. First, all participants were fully informed of the nature of the questions involved and that participation may involve remembering unpleasant and upsetting memories. Second, participants were reassured of their right to withdraw from the study at any time, to stop and take a break, or to skip-over part of the interview. Third, interviewers were sensitive,

respectful and supportive at all times throughout the research session. Fourth, all participants were given resource lists and encouraged to contact their own therapist or a resource on the list should they experience any problems or any negative reactions to participating. They were also encouraged to contact Dr. Berna Skrypnek, the principal investigator, if they experienced a negative reaction or had concerns.[7]

Participants were debriefed at the end of the session and the interviewer sought to find out whether the participant had been upset and how they were feeling. All participants were then provided with a resource list, with information about where to go for help if they were distressed in any way.

Confidentiality. The following steps were taken to ensure the information gathered during the study would remain confidential. The participants were instructed to omit their names on the questionnaires. When the interview tapes were transcribed, all names and identifying information were omitted. An identification number is all that serves to link the interview and the questionnaires together. Finally, only the interviewers and the researchers had access to the original interview.

Anonymity. The subject of sexual abuse is a very sensitive one, it was thought that some of the participants may wish to remain anonymous. However, because participants signed a consent form and were interviewed in person, this was very difficult to achieve. If the women expressed concern regarding anonymity, they were informed that they could use a false name. To our knowledge, this never occurred.

---

[7] Several women cried at points throughout telling their stories and were comforted by the interviewer who suggested breaks or terminating the interview. Those who took brief breaks all completed the session. One individual called a couple of weeks after partivipation to describe a delayed reaction that had surprised her. She had also contacted her own therapist and appeared to be handling things well.

CHAPTER III

RESULTS

Sample Description

Participants were 67 females ranging from 19 years to 60 years of age, with a mean age of 36. Twenty-one percent (n=14) of the respondents had not more than a high school diploma, 6 % (n=4) had some technical or trade school education, 48 % (n=32) had some college or university education, 21 % (n=14) had a bachelor's degree, and 4 % (n=3) had a master's degree.[8]

Over half (62 %, n=38) of the sample was employed, either full or part-time. The remainder of the sample were students (5 %, n=3), homemakers (9%, n=7), or unemployed (24 %, n=16). Areas of employment varied form unskilled and skilled jobs (24 %, n=12), the clerical/service industry (26 %, n=13), managerial and professional occupations (16 % each, n=8), to full time homemakers (14 %, n=7). The remaining 4 % (n=2) were employed in unspecified areas.[9]

While growing up, the majority (73 %, n=49) of participants lived with both parents, 18 %, (n=12) lived only with their mothers, 1 % (n=1) lived only with their fathers, and 8 % (n=5) lived with people other than their parents while they were growing up. Most (82 %, n=55) of the sample had two or more siblings, 15 % (n=10) had only one sibling, and 3 % (n=2) of the sample were only children. The mean number of siblings was 3.6. Thirty-nine percent (n=26) of the participants were the

---

[8] When compared with other sample participants, the present sample is older. And, the present sample is generally well educated which is typical of sexual abuse samples. (See Appendix 'O').

[9] When compared to other sample participants, the present sample has more unemployed participants, and significantly fewer homemakers. (See Appendix 'O').

first born, 36 % (n=24) were middle children, 22 % (n=15) were the youngest, and 3% (n=2) were only children.

Thirty-three percent (n=22) of the sample were single (never married), 30 % (n=20) were married, 13 % (n=9) of the women were living common-law, and 24 % (n=16) were divorced or separated. About two thirds (67 %) of the participants had been married or lived common-law at some time in their lives.[10] Of those participants who had partners, almost all (98 %, n=43) of these partners were aware of the abuse the participants experienced as children. For 66 % (n=29) of the women, abuse was not an aspect of their current relationships, whereas 34 % (n=15) had experienced some type of abuse (i.e., physical, emotion, or sexual) in their present relationship. However, 67 % (n=45) of the sample had been in an abusive relationship at some point in their adult life, while thirty-three percent (n=22) had not.

To determine how this sample compared with other research samples of sexual abuse survivors and with the general population in terms of their psychological and interpersonal functioning, this sample's scores on the SCL-90-R were calculated and compared with other populations. This sample reported experiencing significant adjustment problems compared with general population norms, other adult survivors of childhood sexual abuse, and equal or greater problems compared with psychiatric samples. See Table 1 for mean comparisons.

---

[10] When compared to other sample participants, the present sample was less likely to be married. (See Appendix 'O').

Table 1

SCL-90-R- Mean Adjustment Scores for the Present Study and the General Population

SCL-90-R	Present Study Means	General Population Means[a]	Psychiatric Outpatient Means[a]	Psychiatric Inpatient Means[a]	Sexual Abuse Sample Means[1] Murphy et.al., (1988)
Somaticism	1.18	.36	.87	.99	.49
Obsessive Compulsive	1.61	.39	1.47	1.45	.69
Interpersonal Sensitivity	1.48	.29	1.41	1.32	.59
Depression	1.61	.36	1.79	1.74	.60
Anxiety	1.25	.30	1.47	1.48	.52
Hostility	1.19	.30	1.10	.94	.43
Phobic Anxiety	.78	.13	.74	.96	.28
Paranoid Ideation	1.22	.34	1.16	1.26	.53
Psychoticism	.83	.14	.94	1.11	.55
Total	1.24	.31	1.26	1.30	

[a] From *SCL-90-R®* Administration, scoring and procedures manual- *II* by L.R. Derogatis, 1983, Towson, MD: Clinical Psychometric Research.

[1] Means for participants up to 17 years of age, calculated by averaging childhood and adolescent means.

Univariate Analysis

Characteristics of the Abusive Situation. To describe the characteristics surrounding the abuse experienced by participants, information about who abused participants, how many perpetrators were involved, the age at which participants were first abused, over what period of time they were abused, what form the abuse took, and whether coercion was involved were obtained from interviews and descriptive statistics were calculated.

The majority of participants in this sample were abused by more than one person (76%, n=51); whereas, only 24% (n=16) had been abused by a single individual. For the participants in this study, the overall total number of perpetrators ranged from 1 to 12 perpetrators with a mean of 3.91 (*sd*=2.52).[11] Nearly all (98.5 %, n=66) of the participants were abused by male perpetrators at some-point during their childhood. Only one participant (1.5 %) was abused solely by a female perpetrator. Nine percent (n=6) of the participants were abused by both male and female perpetrators, and 89.5 % (n=60) participants were abused by male perpetrators only. Forty-five percent (n=30) of the participants experienced both intrafamilial and extrafamilial abuse, 42 % (n=28) experienced only intrafamilial abuse, and 12 %,(n=8) experienced only extrafamilial abuse during their childhood.

The mean age at which the first sexually abusive incident occurred was 5.7 years of age (ranging from under 1 to14 years of age, *sd*=3.59). The total duration of

---

[11] When compared with other research samples, the present sample participants were abused by significantly more perpetrators. (See Appendix 'P').

abuse for participants lasted an average of eight years (ranging from less than a year to15 years, *sd*=4.42).[12]

As shown in Table 2, the majority (63 %, n=42) of participants experienced attempted or completed anal or vaginal intercourse during childhood abuse. The least number of participants (n=4, 6 %) reported experiencing the least severe/invasive type of abuse, non-contact or clothed touching.[13]

Table 2

Frequency and Percent of Survivors Experiencing Each Level of Severity[1]

Type of Abuse	Frequency	Percent
Non-contact or clothed touching	4	6
Unclothed touching	7	10.4
Invasive contact (fellatio, cunnilingus etc.)	14	20.9
Anal or vaginal intercourse (attempted or completed)	42	62.7

Thirty-five percent (n=23) of participants reported experiencing physical coercion and 77 % (n=51) report experiencing psychological coercion during at least one sexually abusive experience during their childhood.

Attributions. The participants in this study were asked to rate along a 7-point scale the amount of blame they assigned to a number of possible sources (their

[12] Participants in the present study were initially abused at a younger age and for a longer duration than participants in other research samples. (See Appendix 'P').
[13] When compared with other sample participants, the present sample experienced more severe/invasive abuse. (See Appendix 'P').
[1] When participants were abused on more than one incident, the most extreme level of abuse was used.

character, their behavior, the perpetrator, or chance/luck) for the sexual abuse they experienced as children. The greatest amount of blame was attributed to the perpetrator, and the least amount of blame was attributed to the survivors' behavior. See Table 3 for mean blame attributed to different sources.

Table 3

Mean Attribution of Blame Ratings for Different Scores

Source	n	Mean Blame	S.D
Character Self-Blame	66	3.09	2.19
Behavior Self-Blame	66	2.71	2.12
Perpetrator	67	6.24	1.33
Chance/Luck	62	2.90	2.00

To determine whether participants attributed differing degrees of blame to their character or behavior, to the perpetrator, or to chance, one-way repeated measures of analysis of variance was conducted. The analysis revealed that there were statistically significant differences in the amount of blame to the various sources, $F(3,180) = 46.98$, $p < .001$. (See Appendix 'Q'). Post-hoc comparisons[14] revealed that survivor's attributed significantly more blame to the perpetrator than to their character, $t(65) = 9.17$, $p < .001$, their behavior, $t(65) = 10.25$, $p < .001$, or chance, $t(61) = 9.82$, $p < .001$. There were no significant differences between any of the other means.

[14] Two-tailed paired t-tests.

Emotional Experiences. Participants completed the 'Test of Self-Conscious Affect' to assess shame and guilt. The mean score for shame was 49.1 (ranging from 22 to 71, *sd* =9.2), and for guilt was 61.2 (ranging from 47 to 72, *sd*=5.6). The alpha for shame is .76 and guilt is .51. This samples alpha for shame is the same as that reported by test developers. However, the alpha for guilt for this sample is less than that reported by test developers. To assess participant's scores on anger, the SCL-90-R hostility sub-scale was used. The mean score for hostility was 7.1 (ranging from 0 to 23, *sd*=6.2). The alpha for hostility is .83. To measure hopelessness, items that addressed hopelessness in the depression sub-scale from SCL-90-R were used. The mean score of hopelessness was 9.6 (ranging from 1 to 19, SD=4.6).

Testing the Causal Model

To construct a path model to test the causal model proposed in Figure 3 (a), the characteristics of the abusive situation were regressed on each attribution, and attributions were regressed on each emotion. Partial support for the proposed causal model was obtained. As predicted, character self-blame and behavior self-blame were reliably predicted from the characteristics of the situation, $F(4, 51)= 2.66$, $p<.05$ and $F(4,51) =2.84$, $p<.05$, respectively. Luck was also predicted from the characteristics of the situation although this did not reach conventional levels of significance, $F(4,47) =2.39$, $p<.06$. Interestingly, attributions of blame to the perpetrator could not be predicted from the characteristics of the situation, $F<1$. The results of these analyses are presented in Figures 4 and 5, which present only statistically significant path coefficients. (See Appendix 'R' for regression tables).

As shown on Figure 4, age of onset of abuse and the total number of perpetrators predict attributions. The older participants were, the more they blamed their behavior and character for the abuse. Age of onset was also found to be a predictor of attributing the abuse to chance or bad luck. The younger the participant at age of onset, the more likely they were to attribute their childhood sexual abuse to chance or bad luck.

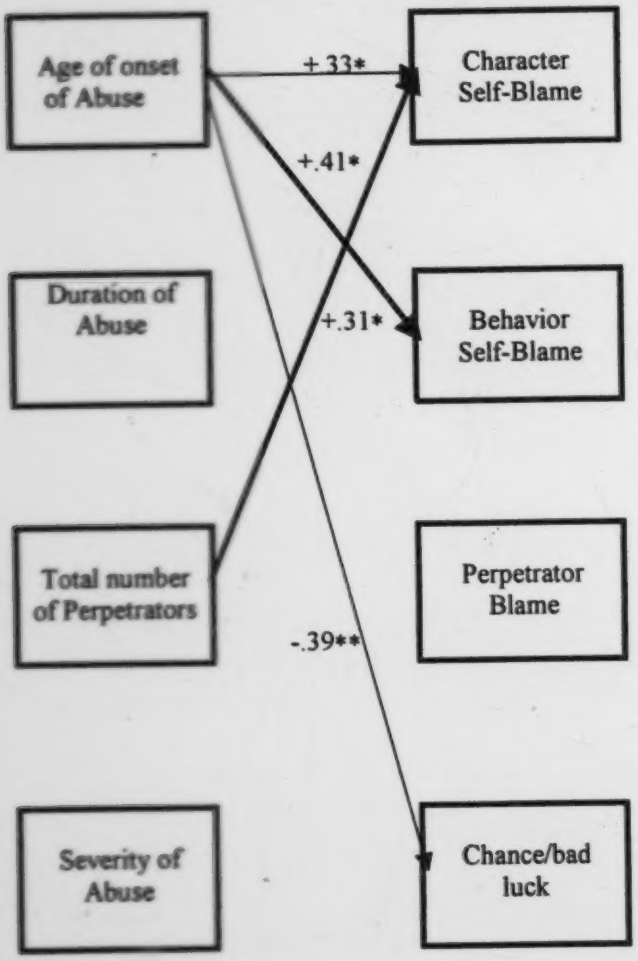
Following Weiner's model, and as predicted by the causal model depicted in Figure 3(a), the total number of perpetrators predicted for character self-blame. The more perpetrators that a participant had, the more they blamed their abuse on something that is internal and stable, like their character.

As depicted on Figure 5, character blame is a predictor for hopelessness. As predicted by Weiner's model, the more participants blame the sexual abuse on something about themselves, something stable, the more likely they were to experience hopelessness.

Surprisingly, as Weiner's model predicted, character self-blame was not found to be a predictor of shame, and behavioral self-blame was not found to be a predictor for guilt. Also interesting, yet unexpected, attribution to the perpetrator was not a significant predictor of anger or any other emotional reaction.

Figure 4

Results for Characteristics of the Abusive Situation Predicting Attributions[1]

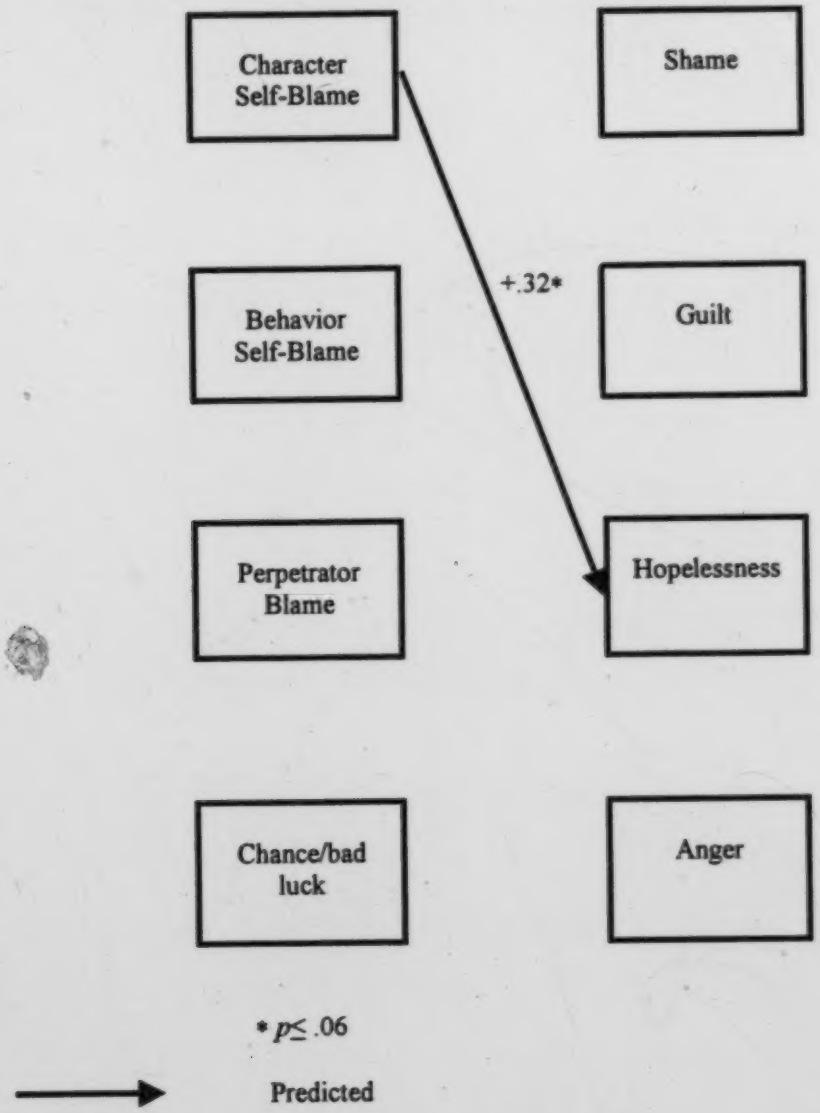


[1] Only significant coefficients are reported.

Although the correlation between character self-blame and behavior self-blame does not exceed accepted cutoffs for multicolinearity between predictors (Bryman & Cramer, 1997), the two variables are highly correlated, $r = .58$. Since regression coefficients reflect the unique contribution of each predictor on the criterion variable with the effect of all other predictors removed, where two predictors share significant variance neither one may have sufficient unique variance to contribute to prediction. It seems that this might be the case with character and behavior self-blame in this study. As shown in Table 4, correlations reveal significant relationships between character self-blame and shame, behavior self-blame and shame, character self-blame and hopelessness, and behavior self-blame and hopelessness. (See Appendix 'N' for a complete correlation matirix). And, entering only overall self-blame or character self-blame into the regression equations with the other predictors did indicate that each variable alone significantly contributes to the prediction of shame and hopelessness.

Figure 5

Results For Attributions In Predicting Emotional Experiences[1]



[1] Only significant coefficients are reported.

Table 4

Correlations for character and behavior self-blame, shame, and hopelessness

	Character self-blame	Behavior self-blame
Shame	.28* (64)	.29* (64)
Guilt	.19 (66)	.03 (61)
Hopelessness	.41** (61)	.35** (61)

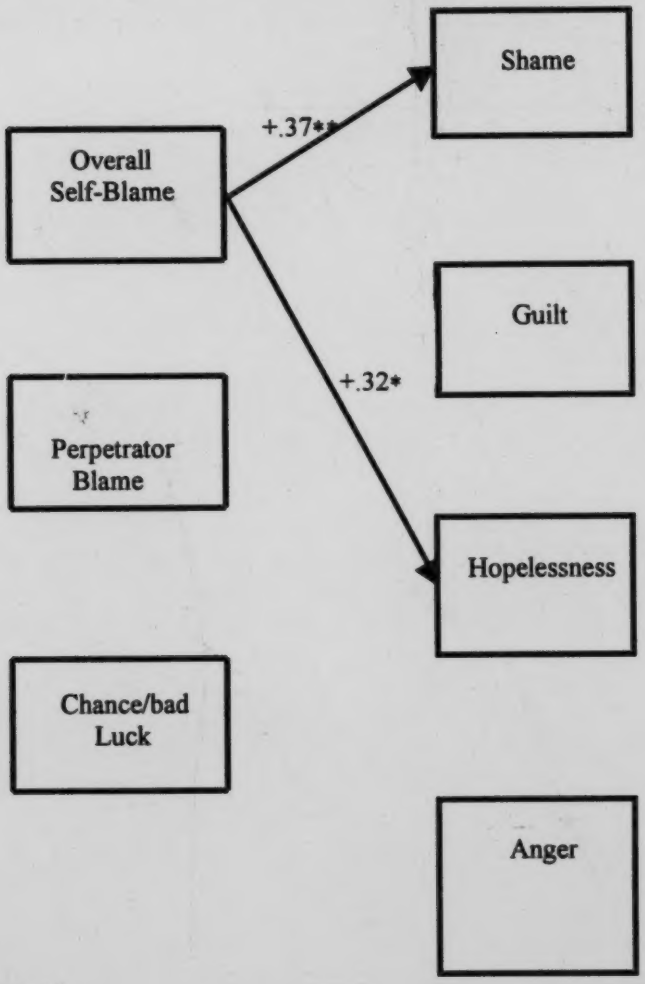
* $p < .05$
** $p < .01$

To overcome this problem, regression analyses were conducted including the overall measure of self-blame in place of character self-blame and behavior self-blame. This analysis revealed that overall self-blame is a significant predictor for shame and hopelessness. (See Figure 6). The more survivors attributed the abuse to themselves, the more shame and hopelessness they reported. This suggests that self-blame is related to shame, and that the lack of significant findings in the regression equation when both character self-blame and behavior self-blame were included may be a result of multicolinearity between character self-blame and behavior self-blame.

A third regression was conducted to test hypothesis based on past research (see Figure 3b) suggesting the direct influence of characteristics of the situation on emotional reactions. Contrary to predictions, none of the characteristics of the situation significantly predicted any of the emotional experiences resulting in no support for a direct relationship between characteristics of the situation and emotional reactions.

Figure 6

Results For Attributions (overall self-blame in place of character self-blame and behavior self-blame) In Predicting Emotional Experiences[1]



* $p < .05$
* *$p < .01$

[1] Only significant coefficients are reported.

CHAPTER V

DISCUSSION

The primary purpose of this thesis was to test the usefulness of part of a causal model based on Weiner's attribution theory of motivation and emotion that explicates the relationships among characteristics of the situation, attributions, and emotional experiences. Through this research I sought to investigate the role of characteristics of the abusive situation in predicting survivor attributions and in predicting emotional experiences, and to investigate the role attributions have in predicting emotional experiences in adult survivors of childhood sexual abuse.

As a result of this research, several important observations can be made about the relationship between characteristics of the situation, attributions, and emotional experiences. First, contrary to past research (Feinauer & Stuart, 1996; Wyatt & Newcomb, 1990) this study did not find any evidence that characteristics of the abusive situation directly influence emotional experiences for this sample. Rather, characteristics of the abusive situation predicted survivor attributions for the abuse, and there was some evidence that survivor attributions predicted emotional reactions, thus providing partial support for the causal model adapted from Weiner. According to this model, it was hypothesized that age of onset would predict behavior self-blame, duration of abuse would predict character self-blame, and the total number of perpetrators would predict character self-blame and perpetrator blame. It was further hypothesized that character self-blame (an internal, stable, uncontrollable source) would predict shame and hopelessness, behavior self-blame (an internal, unstable,

and controllable source) would predict guilt, and attributing blame to the perpetrator (an internal and likely controllable source) would predict anger.

Several of the characteristics of the situation reliably predicted survivors' attributions for the abuse in the expected ways. Age of onset predicted behavior self-blame and the total number of perpetrators predicted character self-blame in this sample. However, few attributions predicted emotional experiences in the expected ways. As hypothesized, attributing blame to one's character was found to be a significant predictor for hopelessness. And, overall self-blame predicted shame and hopelessness. However, the distinction between character self-blame and behavior self-blame in differentially predicting shame and guilt was not supported.

Specifically, the older this sample was when they were first abused, the more they blamed their own behavior for the abuse and the less they attributed the abuse to chance or bad luck. And, the greater the number of perpetrators who abused them, the more character self-blame they reported. These findings are consistent with others who have claimed that very young children are less able to comprehend the sexual nature of the experience, and older children between the ages of seven to 13 are more cognizant of the meaning of sexual approaches, and therefore would be more likely to blame their behavior for the abuse than would younger children (Gomes-Schwartz, Horowitz, & Sauzier, 1985). Also, it would be reasonable to infer that young children or infants are not in control of their environments and therefore would be less likely to be held responsible for the abuse resulting in a greater likelihood of attributing the abuse to chance, or being in the wrong place at the wrong time.

How did these attributions impact survivors' emotional reactions? For this sample, attributions predicted emotions in only a couple of limited ways. As expected character self-blame (an attribution to an internal, stable, and uncontrollable source) contributed to the experience of hopelessness. This follows Weiner's (1985) reasoning that if a negative event is attributed to a stable factor, hopelessness may result. Because one's character is generally perceived to be stable and unchangeable, expectations about negative events or outcomes in the future is likely, and results in the emotional experience of hopelessness. But, key propositions in Weiner's theory, that character self-blame would influence shame (an attribution to an internal, unstable, controllable source) and behavior self-blame would influence guilt were not supported. Moreover, the lack of support for Weiner's notion that attributing blame to another (e.g., the perpetrator) should lead to anger (as long as we believed the other had some control) raises the question of whether Weiner's theory can be applied to survivors of childhood sexual abuse to assist us in understanding their individual reactions to abuse.

Attributing abuse to chance was found not to be a predictor of emotional experiences. This is not surprising for research that has examined the impact of attributing a negative event to chance or luck with later adjustment is inconclusive, indicating that attributions to chance or luck have no relationship at all with adjustment (Frazier, 1990), are associated with better adjustment (Frey et al., 1985), or poorer adjustment (Major, Mueller, & Hildebrant, 1985; Feinauer & Stuart, 1996). In fact, Silver, Boon and Stones (1983) suggest that attributions to chance or luck do not apply to recurring events like sexual abuse, because attributions to chance imply

unexpected and isolated events. Although the first time sexual abuse occurred it may have been unexpected, the majority of participants in this sample experienced frequent sexual abuse over an extended period of time.

There were also a number of hypotheses that were not supported. Specifically, duration of abuse did not predict behavior self-blame or directly predict guilt or hopelessness. Total number of perpetrators did not predict attributing blame of the abuse to the perpetrator, and severity of abuse did not predict character self-blame, behavior self-blame, or directly predict hopelessness. Character self-blame was not found to be a predictor of shame, behavior self-blame was not found to be a predictor of guilt, and perpetrator blame was not found to be a predictor of anger.

In what ways do these findings contribute to our understanding of survivors' emotional reactions to childhood sexual abuse? In answering this question, one must consider the nature of the sample, the quality of the measures used to assess important constructs, and the distribution of the sample scores on key variables. In the following, first the nature of the sample is discussed, the scores on key variables are briefly reviewed, then, the findings related to the causal model are described. This is followed by the implications of the nature of the sample, the sample's distribution on key measures is explored, potential implications of the findings for theory development and practice are discussed, and finally, suggestions for future research are offered.

The sample in the present study is neither random nor representative. The women who participated in this research volunteered to do so, and therefore likely differ from those who chose not to participate. A wide range of ages of adult women

participated in this research. Generally, they were well educated, which is typical of abuse samples. When compared to the general population, participants were less likely to be currently married, which is also typical of abuse samples. However, it is important to note that the abuse experienced by this sample was more extreme than any of the other research samples reviewed. Specifically, for participants, abuse tended to start at a younger age, lasted longer, was more invasive or extreme, and involved a greater number of perpetrators than has been reported for other abuse samples. Perhaps it is not surprising then that these women reported significantly more problems in terms of psychological, emotional and interpersonal functioning than any of the other research samples described in the literature. In fact, this sample reported adjustment scores at the same level as psychiatric patients. Thus, it is not appropriate to generalize these findings to all child sexual abuse survivors. It is unclear why this sample differs in important ways from other research samples of survivors of childhood sexual abuse. But, these differences must be considered in interpreting the findings and drawing conclusions.

The extreme nature of the sample has important implications for the distribution of scores on many key variables. Overall, the distribution of scores for the sample for characteristics of the situation was skewed and means were extreme. For this sample, abuse began at an earlier age, lasted for a longer period of time, by a greater number of perpetrators, and was much more severe/invasive than for most sexual abuse samples. Survivors attributed moderate amounts of blame to themselves and chance, but attributed high levels of blame to the perpetrator. In fact, the distribution of scores on attribution of blame to the perpetrator was extremely

restricted. Little variance on this variable for this sample likely interfered with the ability to detect a relationship between perpetrator blame and any other variable. For example, such a restricted range would decrease the likelihood of detecting a relationship between perpetrator blame and anger, even if one existed.

In addition, this sample was very extreme in their psychological, emotional, and interpersonal functioning. Although there was some variability in the emotional reactions of women participating in this study, they represented the extreme in terms of psychological, emotional, and interpersonal adjustment problems. For the most part, this meant that there were few individuals reporting healthy levels of adjustment making it difficult to determine if attribution played a role in predicting differences in adjustment.

In addition to the extreme nature of the sample, there are several other reasons why the present study may not have obtained support for all hypotheses. First, there could be error of measurement resulting from participants misunderstanding questions and response scales to poor quality measures. Specifically, although the measures of emotional reactions were developed and validated, that was not the case with the measures of attributions and assessments of the characteristics of the abusive situation. For example, in measuring duration of abuse, examples of abuse that occurred on a single occasion or happened over a period of less than one year all were coded as one year. This means of coding could over estimate duration, increase error of measurement, and interfere with the ability to detect relationships among variables.

Another important variable, perpetrator blame, was a poor measure. Because most of the sample had experienced abuse by more than one perpetrator, when respondents were asked to rate to the extent to which they blamed the perpetrator, it is not clear if they responded about a single abuser, or if they averaged their rating of all their abusers. This contributes to error in measurement.

The confounding of independent variables also poses a problem in examining the independent influence of one variable on a criterion or dependent variable. For example, severity of abuse may have been found to be a predictor for neither character self-blame nor behavior self-blame because it is confounded with other characteristics of the situations, such as duration of abuse (Feinhaur et al., 1996).

When conducting regression analyses, multicolinearity between predictor variables can interfere with the ability to assess the degree to which each variable contributes to the prediction of the criterion variable. This situation interfered with the opportunity to test an important part of Weiner's causal model. Weiner (1985) claims that attributions to the self for negative events are likely to result in feelings of shame and guilt. Specifically, character self-blame will result in shame, and behavior self-blame will result in guilt. One reason for the lack of support of Weiner's model in this research could be due to the multicoliniarity of character and behavior self-blame. Because these two predictors share significant variance, neither one may have sufficient unique variance to contribute to prediction. Thus, it is difficult to know whether the lack of character and behavior blame to differentially predict shame and guilt in this research is due to the statistical properties of the predictor variables failing to meet the assumptions of regression analyses or due to the conceptual flaws

in Weiner's model. Or, the strong correlation between character self-blame and behavior self-blame raises the question as to whether these are two distinct constructs.

Finally, the lack of support for some of the hypothesized predictions could be due to testing for only linear relationships between the characteristics of the situation, attributions, and emotional reactions. Although it is clear from other studies that some factors such as severity of abuse have an impact on adjustment, it is not clear what the nature of that impact is. Awareness of the possibility of non-linear relationships is important theoretically and practically.

Implications.

This research has both practical and theoretical implications. Knowing which characteristics of the abusive situation and which attributions influence the emotions which survivors commonly experience and which are believed to interfere with adjustment will aid in identifying abuse victims at risk for emotional and adjustment problems. Moreover, understanding how characteristics of the abusive situation influence survivor attributions and how attributions influence emotional reactions can provide useful information to therapists. From an applied perspective, it was encouraging that characteristics of the situation did not directly influence emotional reactions because characteristics of the situation can not be changed. Rather, this research did provide some support for Weiner's notion that attributions are the key intervening variable between characteristics and emotions. Through cognitive therapy techniques, therapists can assist survivors in altering key attributions to facilitate change leading to healthier emotional functioning.

Some current thinking proposes that engaging in behavior self-blame for an unexpected or traumatic event may foster positive adjustment. However, most past research with survivors of childhood sexual abuse has found that any type of self-blame is associated with poorer adjustment. This study, too, produced no evidence that any type of self-blame was related to healthier emotional functioning.

Because the present study does not support Weiner's contention that character self-blame influences shame, and behavior self-blame influences guilt, and because character and behavior self-blame are so highly correlated, it is questionable whether individuals really distinguished between the two types of self-blame. Similarly, Hoagwood (1990) found that survivor's of childhood sexual abuse reported not being able to distinguish between character self-blame and behavior self-blame as children. However, she also found that adult survivors appeared to distinguish between the two kinds of self-blame.

However, it is difficult to know whether the attributions that survivors made in this research are those they made as a child for the abuse, or as an adult looking back. Because young children are egocentric, they generally believe themselves to be responsible for the events that happen to them and in their near environment. This results in children blaming themselves for being abused. We know that young children cannot distinguish between intentions and outcomes. When young children observe another child break something they conclude that the child is bad and should be punished. They are unable to distinguish between the act and underlying motivation or character. This same inability likely extends to their own behavior and character. Thus, a young child would likely attribute sexual abuse to themselves

without distinguishing between character self-blame and behavior self-blame. When adults report attributions for childhood sexual abuse, it is not clear if they are reporting current attributions or those they held as a child. This distinction is important to clarify in future research.

Even if, as adults, survivors are able to make the distinction between the two types of self-blame as Hoagwood (1990) claimed, this research found that neither type of self-blame was related to healthier emotional functioning. Thus, this research suggests that therapists and other professionals who work with adult survivors of childhood sexual abuse should assist survivor's in shedding all self-blame attributions in their healing process. It is still unclear as to whether attributions to other sources have any functional value and thus warrants further research.

Further research to investigate factors related to the adjustment of survivors of childhood sexual abuse and the processes that influence healing should include the following:

a) samples consisting of males and females to allow for investigation of gender differences in attributional style;

b) samples of abuse survivors who represent a broad range of severity of abuse;

c) better attributional measures that can distinguish between childhood attributions and adult attributions, and that can assess how attributions change over time;

d) prospective designs which can clearly investigate causal relationships between attributions, emotional reactions, and adjustment; and,

e) investigate the role therapy may play in altering a survivors' attributions and how these cognitive changes relate to functioning.

Conclusion

The results of the present research provide partial support for a causal model based on Weiner's (1985) theory of motivation and emotion which posits attributions as important variables linking characteristics of the abusive situation and emotional reactions. Thus, through cognitive therapy techniques, therapists can assist survivors in altering key functional attributions which may lead to more positive adjustment. Because childhood sexual abuse is related to dysfunctions in adults, continued research in this area, specifically what and how the emotional reactions impact on adjustment, is important to help us better understand what factors can aid in positive adjustment.

REFERENCES

Abramson, L.Y., Metalsky, G.I., & Alloy, L.B. (1989). Hopelessness, depression: A theory-based subtype of depression. *Psychological Review, 96,* 358-372.

Abramson, L.Y., Seligman, M.E.P., & Teasdale, J. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology, 87,* 49-74.

Affleck, G., Allen, D., McGrade, B.J., & McQueeny, M. (1982). Maternal causal attributions at hospital discharge of high-risk infants. *American Journal of Mental Deficiency, 86,* 575-580.

Beck, A.T. (1983). Cognitive therapy of depression: New perspective. P.Clayton, & J. Barrett (Eds.). *Treatment of depression: Old controversies and new approaches* (pp.64-83).

Beithchman, J., Zucker, K., Hood, J., DaCosta, G., Akman, D., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. *Child Abuse & Neglect, 16,* 101-118.

Briere, J., & Runtz, M. (1988). Symptomatology associated with childhood sexual victimization in a nonclinical adult sample. *Child Abuse & Neglect, 12,* 51-59.

Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin, 99,* 66-77.

Brunngraber, L.S. (1986). Father-daughter incest: Immediate and long-term effects of sexual abuse. *Advances in Nursing Science, 4,* 15-35.

Bryman, A., & Cramer, D. (1997). *Quantitative data analysis with SPSS for Windows.* New York: Routledge.

Bulman, R., & Wortman, C.B. (1977). Attributions of blame and coping in the "real world": Severe accident victims react to their lot. *Journal of Personality and Social Psychology, 35,* 351-363.

Celano, M.P. (1992). A developmental model of victim's internal attributions of responsibility for sexual abuse. *Journal of Interpersonal Violence, 7,* 57-69.

Conte, J. R. (1986). *A look at child sexual abuse.* United States of America: First Printing.

Conte, J. R. (1982). *Social work and child sexual abuse*. New York: Haworth Press.

Conte, J., & Schuerman, J. (1987). The effects of sexual abuse on children: A multidimensional view. *Journal of Interpersonal Violence, 2,* 380-390.

Deaux, K. (1976). *The behavior of women and men.* Monterey, California: Brooks/Cole, 1976.

Derogatis, L.R. (1983). *SCL-90-R® Administration, scoring and procedures manual –II.* Towson, MD: Clinical Psychometric Research.

Derogatis, L.R. (1989). *Description and bibliography for the SCL-90-R and other instruments of the psychopathology rating series.* Riderwood, MD: Clinical Psychometric Research, Inc.

Ellis, E.M., Atkenson, B.M., & Calhoun, K.S. (1982). *Normality and pathology in cognitive functions.* London; New York: Academic Press.

Feinauer,L. L., Mitchell, J., Harper, J. M., & Dane, S. (1996). The impact of hardiness and severity of childhood sexual abuse on adult adjustment. *The American Journal of Family Therapy, 24,* 206-214.

Feinauer, L. L., & Stuart, D. A. (1996). Blame and resilience in women sexually abused as children. *The American Journal of Family Therapy, 24,* 31-40.

Finkelhor, D. (1979). *Sexually victimized children.* New York: Free Press.

Fischer, K.W., & Tangney, J.P. (1995). Self-conscious emotions and the affect revolution: Framework and overview. In Tangney, J.P., & Fischer, K.W. (Eds.). *Self-consious emotions: The psychology of shame, guilt, embarrassement, and pride* (3-21). New York: Guilford Press.

Frazier, P.A. (1990). Victim attributions and post-rape trauma. *Journal of Personality and Social Psychology, 59,* 298-304.

Frey, D., Rogner, O., Schuler, M., Korte, C., & Havemann, D. (1985). Psychological determinants in the convalescence of accident patients. *Basic and Applied Social Psychology, 6,* 317-328.

Gold, E.R. (1986). Long-term effects of sexual victimization in childhood: An attributional approach. *Journal of Consulting and Clinical Psychology, 54,* 471-475.

Gomes-Schwartz, B., Horowitz, J. M., & Sauzier, M. (1985). Severity of emotional distress among sexually abused preschool, school age, and adolescent children. *Hospital and Community Psychiatry, 36,* 503-508.

Harter, S., Alexander, P. C., & Neimeyer, R. A. (1988). Long-term effects of incestuous child abuse in college women: Social adjustment, social cognition, and family characteristics. *Journal of Consulting and Clinical Psychology, 56,* 5-8.

Heath, K.C., Donnan, H., & Halpin, G. W. (1990). Attributions of blame and responsibility among female incest victims. *Social Behavior and Personality, 18,* 157-178.

Heider, F. (1944). Social perception and phenomenal causality. *Psychological Review, 51,* 358-374.

Hoagwood, K. (1990). Blame among adult women sexually abused as children. *Women and Therapy, 9),* 89-109.

Janoff-Bulman, R.(1979). Characterological versus behavioral self-blame: Inquiries into depression and rape. *Journal of Personality and Social Psychology, 37,* 1798-1809.

Janoff-Bulman, R., & Frieze, I.H. (1983). A theoretical perspective for understanding reactions to victimization. *Journal of Social Issues, 39,* 1-17.

Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin, 113,* 164- 180.

Koss, M. P., Dinero, T. E., Seibel, C. A., & Cox, S. L. (1988). Stranger and acquaintance rape. *Psychology of Women Quarterly, 12,* 1-24.

Lamb, S. (1986). Treating sexually abused children: Issues of blame and responsibility. *American Journal of Orthopsychiatry, 56,* 303-307.

Major, B., Mueller, P., & Hildebrandt, K. (1985). Attributions, expectations, and coping with abortion. *Journal of Personality and Social Psychology, 48*, 585-599.

McKenzie, J. (1991). *The relationship between gender, social values and attitudes towards father-daughter incest: A public survey.* Unpublished master's thesis. University of Alberta, Edmonton, AB.

Meyer, C.M., & Taylor, S.E. (1986). Adjustment to rape. *Journal of Personality and Social Psychology, 50*, 1226-1234.

Mian, M., Marton, P., & LeBaron, D. (1996). The effects of sexual abuse on 3 to 5 year old girls. *Child Abuse & Neglect, 20*, 731-745.

Morrow, K. B. (1990). Attributions of female adolescent incest victims regarding their molestation. *Child Abuse & Neglect, 15*, 477-483.

Morrow, K. B., & Sorell, G. T. (1989). Factors affecting self-esteem, depression, and negative behaviors in sexually abused female adolescents. *Journal of Marriage and the Family, 51*, 677-686.

Mueller, P., & Major, B. (1989). Self-blame, self-efficiency, and adjustment to abortion. *Journal of Personality and Social Psychology, 57*, 1059-1068.

Murphy, S.M., Kilpatrick, D.G., Amick-McMullan, A., Veronen, L.J., Paduhovich,J., Best, C.L., Villeponteaux, A.L., & Saunders, B.E. (1988). Current psychological functioning of child sexual assault survivors. *Journal of Interpersonal Violence*, 3, 55-79.

Nash, M. R., Zivney, O. A., & Hulsey, T. (1993). Characteristics of sexual abuse associated with greater psychological impairment among children. *Child Abuse & Neglect, 17,* 401-408.

Nathanson, L,D. (1992). *Shame and pride. Affect, sex, and the birth of the self.* New York: W.W. Norton.

Nielson, W.R., & MacDonald, M.R. (1988). Attributions of blame and coping following spinal cord injury: Is self-blame adaptive? *Journal of Social and Clinical Psychology, 7,* 163-175.

Perloff, L. S. (1983). Perceptions of vulnerability to victimization. *Journal of Social Issues, 39,* 41-61.

Russell, D. E. H. (1986). *The secret trauma: Incest in the lives of girls and women.* New York: Basic Books.

Scholomskas, D.E., Steil, J.M., & Plummer, J.K. (1990). The spinal cord injured revisited: The relationship between self-blame, other-blame, and coping. *Journal of Applied Social Psychology, 20,* 548-574.

Schulz, R., & Decker, S. (1985). Long-term adjustment to physical disability: The role of social support, perceived control and self-blame. *Journal of Personality and Social Psychology, 48,* 1162-1172.

Shapiro, J.P. (1989). Self-blame versus helplessness in sexually abused children: An attributional analysis with treatment recommendations. *Journal of Social and Clinical Psychology, 8,* 442-455.

Shaver, K.G., & Drown, D. (1986). On causality, responsibility, and self-blame: A theoretical note. *Journal of Personality and Social Psychology, 50,* 697-702.

Siegler, R. S. (1991). Piaget's theory of development, 17-57. In Colby Strong (Ed.). *Children's Thinking*. New Jersey: Prentice-Hall.

Silver, R.L., Boon, C., & Stones, M.H. (1983). Searching for meaning in misfortune: Making sense of incest. *Journal of Social Issues, 39,* 81-102.

Skrypnek, B.J. (1980). *Blaming the victim: A self-protective attributional analysis.* University of Minnesota, Minneapolis, Minnesota. Unpublished doctoral dissertation.

Skrypnek, B.J., & Hemingson, A.M. (1994, July). *Survivor attributions for childhood sexual abuse.* Poster presented at the annual meeting of the Canadian Psychological Association, Penticton, British Columbia.

Tangney, J. P. (1990). Assessing individual differences in proneness to shame and guilt: Development of the self- conscious affect and attribution inventory. *Journal of Personality and Social Psychology, 59,* 102-111.

Tangney, J.P. (1995). Self-Conscious Emotions. In Tangney, J.P. & Fischer, K.W. (Eds.). *Self-conscious emotions: The psychology of shame, guilt, embarrassement, and pride* (pp.112-139). New York: Guilford Press.

Tennen, H., Affleck, G., & Gershman, K. (1986). Self-blame among parents with prenatal complication: The role of self-protective motives. *Journal of Personality and Social Psychology, 50,* 131-142.

Timko, C., & Janoff-Bulman, R. (1985). Attributions, vulnerability, and psychological adjustment: The case of breast cancer. *Health Psychology, 4,* 521-544.

Tsai, M., Feldman-Summers, S., & Edgar, M. (1979). Childhood molestation: Variables related to differential impacts on psychosexual functioning in adult women. *Journal of Abnormal Psychology, 88,* 407-417.

Witenberg, S.H., Blanchard, E.B., Suls, J., Tennen, H., McCoy, G., & McGoldrick, M.D. (1983). Perceptions of control and causality as predictors of compliance and coping in hemodialysis. *Basic and Applied Social Psychology, 4,* 319-336.

Weiner, B. (1985). An attributional theory of achievement motivation and emotion. *Psychological Review, 4,* 548-573.

Wolfe, D. A., Wolfe, V. V., & Best, C. L. (1988). Child victims of sexual abuse. In Van Hasselt, V. B., Morrison, R. L., Bellack, A. S., & Hersen, M. (Eds.), *Handbook of family violence* (157-186). New York: Plenum.

Wyatt, G. E., & Newcomb, M. (1990). Internal and external mediators of women's sexual abuse in childhood. *Journal of Consulting and Clinical Psychology, 58,* 758-767.

APPENDIX 'A'

Advertisement in the Edmonton Examiner

STUDY ON CHILDHOOD SEXUAL ABUSE

University of Alberta. Being conducted to examine women's thoughts and feelings. If you were sexually abused when you were under 18 years and would like to participate in this research call Devona or Amanda at 492-5303.

APPENDIX 'B'

Public Service Announcement Broadcast
On Local Radio And Television Stations

Researchers at the University of Alberta are conducting a study with adult women who were sexually abused as children. They are interested in learning about women's thoughts, feelings, and problems in connection to their experiences of childhood sexual abuse. If you were sexually abused when you were under 18 years and would like to participate in this research, please call Devona or Amanda at 492-5303.

APPENDIX 'C'

Consent Form Information

CONSENT FORM INFORMATION

Title: Thoughts, Feelings and Problems Related to Childhood Sexual Abuse

Investigators: Dr. Berna Skrypnek, Ph.D. (492-0192)
Devona Gibson, B.A. (492-5303)
Amanda Gibson, B.A. (492-5303

Purpose: We are interested in learning about the relationship between women's thoughts, feelings and problems in connection to their experiences of sexual abuse.

Procedure: This study involves one session, which will consist of an interview and paper and pencil questionnaires. The interview will probably take about 1 to 1½ hours to complete. There are five paper and pencil questionnaires that take approximately 45 minutes to complete. The interview will be conducted in an office at the University of Alberta. If this is not comfortable or convenient for you, an alternative location will be arranged.

Possible Side Effects: The interview asks you about the nature and extent of the childhood sexual abuse and this may be upsetting for you to recall. You will be treated with sensitivity and respect; therefore, if the interview becomes too upsetting we will stop.

Confidentiality: With your permission, the interviews will be audio-taped. The tapes will be transcribed. After typing the tapes, the tapes will be destroyed. All names and any other information that might identify you will be deleted from the transcripts. Data from the questionnaires you complete will be entered into a computer using an identification number. The data analysis will not reflect the individual identities of participants.

Time Commitment: The study will require approximately two and a half hours of your time.

Withdrawal: **As your participation is completely voluntary, you may withdraw from this study at any time without prejudice.**

Research Results: You may write or phone us for a copy of the research results. The address is:

Dr. Berna Skrypnek
3-38 Assiniboia Hall
Department of Human Ecology
University of Alberta
Edmonton, AB
T6G 2E7
Telephone: 492-0192 or 492-5303.

APPENDIX 'D'

Consent Form

CONSENT FORM

I acknowledge that the nature of this study has been described to me and that any questions that I may have asked were answered to my satisfaction. I have been provided with an information sheet on the study and have read it. I understand that I am being asked to participate in one interview which will be taped (if I give my permission) and to complete five paper and pencil questionnaires. I understand that the interview and questionnaires will require about 2 and a half hours to complete in total. I understand that the interview and questionnaires will be completed at the University of Alberta, or some other location, at my convenience. I have been assured that my responses during the interview and my responses on the questionnaires will be kept completely confidential.

I understand that I may keep a copy of the information sheet and this consent form, and I know that should I have more questions at any time, I may contact any one of the people involved in the research.

_____ _____

Signature of Participant Signature of Researcher

_____

Date

APPENDIX 'E'

Childhood Sexual Abuse Interview Schedule

CHILDHOOD SEXUAL ABUSE INTERVIEW SCHEDULE

(These questions are to be read by the interviewer during the interview.)

The first part of the study is an interview. The interview will begin with some very general questions about you and your background (like age, your family, employment, etc.) and then will move on to questions about the sexual abuse you experienced as a child.

With your permission, I would like to tape the interview as this allows me to obtain the most accurate information and I don't have to be distracted by taking detailed notes. Is this O-K?

(If at any point you want me to turn it off, just let me know.) Do you have any questions?

I am turning on the tape recorder now. Let's begin the interview!

DEMOGRAPHICS

First, can you tell me something about yourself? When you were born? Where you grew up?

1. Date of birth? ___/___/___
   day/month/year
2. Where were you born? _____
   town, province, country
3. Where did you grow up? _____
   town, province, country
4. Did you live with your parents when you were growing up?
   _____father
   _____mother
   _____other (specify,_____)
5. What kind of work did your father do when you were growing up? _____

   What about your mom? Was she a stay-home mom or did she work outside the home? (parttime/fulltime)? _____
6. Do you have any brothers and sisters?

   _____yes --- Can you tell me a little bit about them? How many and what are their ages?
   (note gender and age)

   _____no

   _____ __ _____ __
   _____ __ _____ __
   _____ __ _____ __
7. Tell me about the schooling you've had? (Record highest level)

   _____ grade 6 or less
   _____ grade 7 – 9
   _____ grade 10 or 11
   _____ grade 12

   _____ other, (specify_____)

   _____ some technical/trade school/certificate
   _____ some college/ college diploma
   _____ some university
   _____ bachelor's degree
   _____ master's degree
   _____ doctoral degree
   _____ professional degree (M.D., D.D.S., L.L.B.)

8. Did religion play a role in your family when you were growing up?

_____yes —— How important a role would you say religion played in your family when you were growing up?
_____no
_____extremely important
_____very important
_____moderately important
_____somewhat important
_____not at all important

What was your religious affiliation when you were growing up? _____

9. Do you have a religious faith or spiritual involvement that plays a role in your life today?
_____YES ——— Affiliation or describe faith? _____
_____NO

10. Tell me about any paid or unpaid work you do.
(Check as many as applies. Probe as necessary.)
Are you a part time or full time student?
Are you on unemployment or social assistance, etc.?

_____ employed full-time
What type of job do you have? _____
How long have you had your job? _____

_____ employed part-time
What type of job do you have? _____
How long have you had your job? _____

_____ full-time student
program of study? _____
institution? _____

_____ part-time student
program of study? _____
institution? _____

_____ full-time homemaker
Have you ever worked outside the home? _____
When did you last work outside the home? (date last day worked?) _____
What type of job did you have? _____

_____ unemployed, not looking for work
When did you last work? (date last day worked?) _____
What type of job did you have? _____

_____ unemployed, looking for work
When did you last work? (date last day worked?) _____
What type of job did you have? _____

_____ retired
when/date? _____
What type of job did you have? _____

_____ social assistance

_____ other, please specify _____

11. Now, I'd like to ask you a few questions about your marital status and living situation?

What is your current marital status?

_____ single, never married

Are you currently in a relationship? _____ yes _____ no

Do you live alone? _____ yes
_____ no With whom do you live? _____

If not currently living with parents, ask —
How old were you when you first left your parents' home?_____

_____ married
Is this your first marriage?
_____ yes
_____ no How many times have your been married? _____

How old were you when you were married (for the first time)? _____
How old were you when you first left your parents' home?_____

_____ common law/cohabiting
Is this the first partner with whom you've lived common law?
_____yes
_____no With how many partner's have you lived?_____

How old were you when you first lived common law? _____
How old were you when you first left your parents' home?_____

_____ separated
Was this your first marriage?
_____yes
_____no How many times have you been married? _____
How old were you when you were married (for the first time)? _____
How old were you when you first left your parents' home?_____

_____ divorced
Was this your first marriage?
_____yes
_____no How many times have you been married? _____
How old were you when you were married (for the first time)? _____
How old were you when you first left your parents' home?_____

_____ widowed
Was this your first marriage?
_____yes
_____no How many times have you been married? _____
How old were you when you were married (for the first time)? _____
How old were you when you first left your parents' home?_____

12. Do you have any children?
_____ yes _____ no
If YES, how many? _____

Are they boys or girls? _____ girls _____boys

How old are each of your children? Start with the age of the eldest child.

Child 1 – _____yrs	Child 6 – _____yrs
Child 2 – _____yrs	Child 7– _____yrs
Child 3 – _____yrs	Child 8 – _____yrs
Child 4 – _____yrs	Child 9 – _____yrs
Child 5 – _____yrs	Child 10– _____yrs

FOR THOSE CURRENTLY IN A RELATIONSHIP answer 13 – 15.
For those NOT currently in a relationship SKIP to question 16.

13. Tell me about your current relationship. What's it like? [Probe: Can you tell me how you communicate? How are your needs met in your relationship?]

14. Does your partner know that you were sexually abused as a child? _____yes _____no

15. Has this relationship ever been abusive in any way? **(check all that apply)**

_____ no
_____ physically abusive
_____ sexually abusive (pushed or pressured into sex psychologically or physically)
_____ emotionally abusive (constant criticisms/put downs, name-calling, controlled, punished)

Now I'd like to ask you some general questions about your experiences since you've turned 18.

16. As an adult (since turning 18 years old), have you ever been sexually assaulted (by someone you know or a stranger)?

_____yes ----- How many times? _____
_____no

17. As an adult (since turning 18 years old), have you ever been sexually harassed?

_____yes ----- How many times? _____
_____no

18. In the past, as an adult (not considering your current relationship), have you ever been in a relationship that was abusive in any way?

_____ no
_____ physically abusive
_____ sexually abusive (pushed or pressured into sex psychologically or physically)
_____ emotionally abusive (constant criticisms/put downs, name-calling, controlled, punished)

CHILDHOOD SEXUAL ABUSE

Now we are going to switch the focus and concentrate on the sexual abuse you experienced as a child. Some women find it difficult and upsetting to talk about, whereas others don't. I think that it takes a lot of courage to discuss these childhood experiences, and if at any point you wish to stop the interview or if you want the tape recorder turned off, just let me know.

1. **If you are ready, can you tell me about the sexual abuse you experienced as a child?**

Probe to find out:

PERPETRATOR	**who** **age** **relationship**
VICTIM	**age (start – stop)**
SEXUAL ABUSE	**type** **duration** **frequency** **rewards** **threats**
DISCLOSURE	**to whom** **when (at what age)** **reaction**
REPRESSION/DISSOCIATION	**memory loss** **age at recall**

Check on whether there was more than one perpetrator (and repeat probes)

2. Did you ever need to see a doctor or were you ever hospitalized as a result of being abused as a child? _____ yes _____ no (If yes, please ask respondent to explain.)

What happened? _____

_____

_____

_____

3. Do you remember anything else that happened in your childhood or adolescence that related to sexual abuse? Anything at all that made you feel uncomfortable?

_____

_____

_____

_____

Thank you for telling me this. It takes a lot of courage to talk about these experiences in your childhood. (ASK RESPONDENT IF SHE WOULD LIKE TO TAKE A BREAK BEFORE YOU PROCEED.) If it is OK, I'd like to move on and now ask you some questions about how you thought about the abuse as a child and how you think about it now.

_____

WHY WE THINK SEXUAL ABUSE OCCURRED

_____

This part of the interview will ask you to consider why you think the abuse occurred. If possible, I would like you to tell me about your thoughts and feelings on why the abuse occurred.

1. When something happens to us, like sexual abuse, we often ask ourselves "WHY" or "WHY DID THIS HAPPEN TO ME?" of "WHY ME?"

Have you ever asked yourself "WHY DID THIS SEXUAL ABUSE HAPPEN TO ME?"

_____ YES

_____ NO

2. As you look back now and think about your experience of being sexually abused as a child, why do you think it happened? (If only one reason is given, probe for other reasons.)

3. Do you remember whether, as a child, you asked the question "Why me?" "Why is this happening to me?" YES or NO

   Do you remember any reasons why you thought the sexual abuse was happening when you were a still a child?

4 As you reflect on reasons why the abuse occurred, have your thoughts changed over time? [PROBE: Describe how they have changed? When did the way you think about the abuse change? What contributed to these changes?]

Notes to Interviewer: Probe to get clarification about the reasons participants spontaneously share in response to above questions. If participants only offer one reason, ask if there are other reasons why they think the abuse happened to them, but do not lead them to reasons that they do not spontaneously mention.

Thank you for talking about reasons why you think you were abused. Now I would like to ask you some questions about your healing.

HEALING PROCESS

1. In what ways do you think that your experience of being sexually abused affected your life growing up? (i.e., in terms of self-esteem, friendships, relationships with family members, school, sports, puberty, development of sexuality, etc.)

2. In what ways do you think that your experience of being sexually abused affects your life now? (i.e., in terms of self-esteem, relationships with partners/other family members/children, work, health, leisure activities, etc.)

3. At what point do you feel that you are at in your healing process?

4. What has contributed to your healing? (i.e., experiences, people, events, etc.)

   Probe about nonprofessional contributions to healing
   - **-friends**
   - **-partners**
   - **-children**
   - **-self-help groups**
   - **-special experiences**
   - **-turning points, etc.**

5. Have you ever sought counselling or therapy?

   _____ yes _____ no

   Can you tell me what therapy has been like for you?

Childhood Sexual Abuse Interview

YES	NO
How old were you when you first sought counselling? _____years old Do you remember why you first sought counselling? (any particular event that precipitated seeking counselling?) _____ How long were you in counselling this first time?_____ How frequently did you go? _____ daily _____ more than once per week _____ weekly _____ every two weeks _____ monthly _____ only occasionally as needed Did this therapy help or did it make things worse?_____ Have you seen more than one therapist? _____ yes How many? _____ _____ no What happened to make you seek out someone else? _____ Are you currently in therapy/counselling? _____ yes How often do you go? _____ no _____ daily _____ more than once per week _____ weekly _____ every two weeks _____ monthly _____ only occasionally as needed What was happening to make you seek counselling this current time? _____	Have you ever wanted to seek therapy but did not? _____ yes, Why not? _____ _____ _____ _____ _____ no

6. **We have talked about where you are at in your healing and about some of the experiences or people who have contributed to your healing, where do you want to go from here in terms of continuing your process or journey of healing? What do you want to have happen?**

OTHER GENERAL COMMENTS

Is there anything else in regards to the sexual abuse that would be helpful in understanding the abuse? Are there important things that I should have asked about but didn't? For example, things about your childhood or you now? Do you have any questions that you would like to ask me at this time?

AGAIN, THANK RESPONDENT FOR PARTICIPATING IN THE INTERVIEW PORTION OF THE STUDY!

Proceed to instructions for Part 2

YES	NO
How old were you when you first sought counselling? _____years old Do you remember why you first sought counselling? (any particular event that precipitated seeking counselling?) _____ How long were you in counselling this first time?_____ How frequently did you go? _____ daily _____ more than once per week _____ weekly _____ every two weeks _____ monthly _____ only occasionally as needed Did this therapy help or did it make things worse?_____ Have you seen more than one therapist? _____ yes How many? _____ _____ no What happened to make you seek out someone else? _____ Are you currently in therapy/counselling? _____ yes How often do you go? _____ no _____ daily _____ more than once per week _____ weekly _____ every two weeks _____ monthly _____ only occasionally as needed What was happening to make you seek counselling this current time? _____	Have you ever wanted to seek therapy but did not? _____ yes, Why not? _____ _____ _____ _____ _____ no

APPENDIX 'F'

Debriefing Form

Debriefing Form

Now that you have completed the interview and questionnaires, I would like to provide you with some further information about our study and ask you about your reactions to the study.

Research and clinical practice with survivors has indicated that a number of factors are related to adjustment later in life, and in this study we asked you about a number of these factors. The type of sexual abuse (for example, whether or not intercourse occurred) has been found to affect adult adjustment. Overall, it appears that those survivors who experienced intercourse have more problems as an adult. In addition, the survivor's relationship to the offender has been found to affect adjustment. In general, the closer the relationship between the offender and the survivor, the more significant the impact is. Also, survivors often make statements of self-blame about the sexual abuse they experienced as a child. Some experts believe that any type of self-blame is related to more problems as an adult. However, other experts disagree and say that some types of self-blame may actually aid adjustment late in life. Finally, whether or not the survivor disclosed about the abuse, and the reaction of others to this disclosure has also been found to affect adjustment as an adult.

Do you feel like some of these factors have affected you? (PROBE: Has anyone factor been more significant in how you feel about the abuse you experienced?)

I would also like to ask you if the questionnaires you just filled out made sense to you? Or, were there some questions that you thought did not make sense at all?

How did you find the experience of participating in this research? Did you find the experience helpful? In what ways? Was the experience disturbing for you in any way? Many women may find that it brings up painful memories, and we have therefore provided a list of resources for you in case you do need to talk to someone about this. (Provide interviewee with resource list)

Were there any questions you expected to be asked, but that I did not ask?

Is there anything else you would like to tell me about?

Do you have any final questions?

I would like to provide you with an information sheet in case you have any questions about our study at a later date. If you would like the results of the study, please contact any of us at the numbers provided. (Give information sheet)

I would like to thank you for your participation in our research. It was very courageous of you and the knowledge we have gained will help other survivors.

APPENDIX 'G'

Final Information Sheet

FINAL INFORMATION SHEET

I want to thank you for your participation in this research. It is appreciated as I know how valuable your time is. In addition, the research would not have been possible without your help. So thank-you for the gift of your time and your experience.

If you would like the results of this research, please feel free to contact me or:

Dr. Berna Skrypnek
3-38 Assiniboia Hall
Department of Human Ecology
University of Alberta
Edmonton, Alberta
T6G 2E7

Sexual abuse experienced as a child may leave one with many questions, thoughts or feelings. It can have an impact on the quality of one's relationships in a significant manner. In any event, no matter how you have experienced the sexual abuse, if you feel the need to explore any issue in a supportive context, there are a number of agencies which provide professional and supportive counselling services.

APPENDIX 'H'

Resource List

RESOURCE LIST

Sexual Assault Centre
#400, 9939 Jasper Avenue, Edmonton, Alberta
423-4102
Services:
1. **Crisis Line**- offers 24 hour service for survivors or for those who have been assaulted in the past or present. Call 423-4121.
2. **Counselling Services**- Individual counselling for those in crisis. Call for an appointment.
3. **Group Therapy**- Offers a series of counselling groups an a short-term basis. For example, a group will run once a week for a duration of 8 weeks.

The Support Network
#302, 11456 Jasper Avenue, Edmonton, Alberta
482-0198
Services: Provides a variety of services for the general public which include personal counselling, family counselling, and self-help group directory; Directory of Community Services, Suicide Prevention and Bereavement Services; and volunteer training for distress line.

Distress Line
Edmonton, Alberta
482-4357
Services: Offers 24 hour supportive listening and crisis intervention for those who need it. Staff are trained to be effective listeners and how to deal with crisis situations. Access to the Mobile Mental Health Crisis Team.

Catholic Social Services
8815-99 Street, Edmonton, Alberta
432-1137
Services: Offers counselling to survivors as well as intensive weekend workshops for women who have experienced sexual assault. Also offers survivors therapy groups.

U of A Sexual Assault Centre
040J Student's Union Building
University of Alberta
492-9771
Services: Provides crisis intervention; short-term support and assistance; assistance through-out healing process; and referrals for long-term assistance for adult survivors, acquaintance and stranger assault and dating violence.

SARA- Sexual Assault Recovery Anonymous
Contact: Lynn at 496-5866
This is a mutual aid/self-help group for survivors of sexual abuse. The group meets weekly, and deals with topics related to the impacts of abuse.

The Family Center
9912-106 Street, Edmonton, Alberta
423-2831
Services: Offers individual and group therapy for survivors; trained therapists work on a sliding scale.

Community Service Referral Line
Phone: 482-4636
This service provides information and referral to over 3,000 community agencies.

Resource List (continued)

U of A Student Counselling Services
225 Athabasca Hall
University of Alberta
492-5205
Services: Offers individual counselling as well as groups for survivors

Private Therapists
There are a number of therapists who are skilled in counselling women who have experienced sexual assault. The Sexual Assault Centre has compiled a list of qualified therapists. Therapists will differ in their fees and approaches. For further information about therapists skilled in dealing with sexual assault, contact the Sexual Assault Centre at 423-4102.

APPENDIX 'I'

QUESTIONNAIRE

Why We Think Sexual Abuse Happened To Us

The Why We Think Sexual Abuse Happens to Us Questionnaire

The following questions ask you to consider a number of possible reasons why you might think that you were sexually abused as a child. A number of these may apply to you, or none of these may apply to you.

Two steps are required in order to answer the questions. First of all, for each factor consider whether you think that factor is a reason or explanation for "WHY" you were sexually abused as a child. Secondly, rate the extent to which you think the factor was the reason for "Why" the sexual abuse occurred by circling the number along the scale which best describes how you feel.

1. To what extent do you think each of the following factors are reasons as to why you were sexually abused as a child? (Circle the number which best reflects how much you blame that factor for the sexual abuse).

	do not blame at all						completely blame
a. Self	1	2	3	4	5	6	7
b. Abuser	1	2	3	4	5	6	7
c. Society	1	2	3	4	5	6	7
d. Chance/ Bad Luck	1	2	3	4	5	6	7
e. Other people. (These are people other than your abuser who you think are to blame.)	1	2	3	4	5	6	7

f. If you did rate "other people" any number other than 1, then please indicate who these other people are and rate each person separately as to the extent you blame them (e.g., my grandfather).

_____	1	2	3	4	5	6	7
_____	1	2	3	4	5	6	7
_____	1	2	3	4	5	6	7
_____	1	2	3	4	5	6	7
_____	1	2	3	4	5	6	7

2. To what extent do you blame your childhood sexual abuse on something about your behavior, (e.g., what you did or did not do or how you acted)? (Circle the number which best corresponds to how you feel).

do not blame at all						completely blame
1	2	3	4	5	6	7

3. To what extent do you blame your childhood sexual abuse on the type of person you are or were as a child, (e.g. personality, moral character, traits, etc.)? (Circle the number which best corresponds to how you feel).

do not blame at all						completely blame
1	2	3	4	5	6	7

APPENDIX 'J'

QUESTIONNAIRE

Test of Self-Conscious Affect (TOSCA)

TOSCA

Below are situations that people are likely to encounter in day-to-day life, followed by several common reactions to those situations.

As you read each scenario, try to imagine yourself in that situation. Then indicate how likely you would be to react in each of the ways described. We ask you to rate <u>all</u> responses because people may feel or react more than one way to the same situation, or they may react different ways at different times.

For example:

1. You wake up early one Saturday morning. It is cold and rainy outside.

   a. You would telephone a friend to catch up on news. 1----2----3----4----5 (not likely ... very likely)

   b. You would take the extra time to read the paper. 1----2----3----4----5 (not likely ... very likely)

   c. You would feel disappointed that it's raining. 1----2----3----4----5 (not likely ... very likely)

   d. You would wonder why you woke up so early. 1----2----3----4----5 (not likely ... very likely)

In the above example, I've rated <u>ALL</u> of the answers by <u>circling a number</u>. I circled a "1" for answer (a) because I wouldn't want to wake up a friend very early on a Saturday morning -- so it's not at all likely that I would do that. I circled a "5" for answer (b) because I almost always read the paper if I have time in the morning -- very likely. I circled a "3" for answer (c) because for me it's about half and half. Sometimes I would be disappointed about the rain and sometimes I wouldn't -- it would depend on what I had planned. And I circled a "4" for answer (d) because I would probably wonder why I had awakened so early.

Please do not skip any items -- rate all responses.

1. You make plans to meet a friend for lunch. At 5 o'clock, you realize you stood him up.

   a. You would think: "I'm inconsiderate." 1----2----3----4----5 (not likely / very likely)

   b. You would think: "Well, he'll understand." 1----2----3----4----5 (not likely / very likely)

   c. You would try to make it up to him as soon as possible. 1----2----3----4----5 (not likely / very likely)

   d. You would think: "My boss distracted me just before lunch." 1----2----3----4----5 (not likely / very likely)

2. You break something at work and then hide it.

   a. You would think: "This is making me anxious. I need to either fix it or get someone else to." 1----2----3----4----5 (not likely / very likely)

   b. You would think about quitting. 1----2----3----4----5 (not likely / very likely)

   c. You would think: "A lot of things aren't made very well these days." 1----2----3----4----5 (not likely / very likely)

   d. You would think: "It was only an accident." 1----2----3----4----5 (not likely / very likely)

3. You are out with friends one evening and you're feeling especially witty and attractive. Your best friend's spouse seems to particularly enjoy your company.

   a. You would think: "I should have been aware of what my best friend is feeling." 1----2----3----4----5 (not likely / very likely)

   b. You would feel happy with your appearance and personality. 1----2----3----4----5 (not likely / very likely)

   c. You would feel pleased to have made such a good impression. 1----2----3----4----5 (not likely / very likely)

   d. You would think your best friend should pay attention to his/her spouse. 1----2----3----4----5 (not likely / very likely)

   e. You would probably avoid eye-contact for a long time. 1----2----3----4----5 (not likely / very likely)

4. At work, you wait until the last minute to plan a project, and it turns out badly.

   a. You would feel incompetent. 1----2----3----4----5 (not likely / very likely)

   b. You would think: "There are never enough hours in the day." 1----2----3----4----5 (not likely / very likely)

   c. You would feel: "I deserve to be reprimanded." 1----2----3----4----5 (not likely / very likely)

   d. You would think: "What's done is done." 1----2----3----4----5 (not likely / very likely)

5. You make a mistake at work and find out a co-worker is blamed for the error.

   a. You would think the company did not like the co-worker. 1----2----3----4----5 (not likely / very likely)

   b. You would think: "Life is not fair." 1----2----3----4----5 (not likely / very likely)

   c. You would keep quiet and avoid the co-worker. 1----2----3----4----5 (not likely / very likely)

   d. You would feel unhappy and eager to correct the situation. 1----2----3----4----5 (not likely / very likely)

6. For several days you put off making a difficult phone call. At the last minute you make the call and are able to manipulate the conversation so that all goes well.

   a. You would think: "I guess I'm more persuasive than I thought." 1----2----3----4----5 (not likely / very likely)

   b. You would regret that you put it off. 1----2----3----4----5 (not likely / very likely)

   c. You would feel like a coward. 1----2----3----4----5 (not likely / very likely)

   d. You would think: "I did a good job." 1----2----3----4----5 (not likely / very likely)

   e. You would think you shouldn't have to make calls you feel pressured into. 1----2----3----4----5 (not likely / very likely)

7. You make a commitment to diet, but when you pass the bakery you buy a dozen donuts.

a. Next meal, you would eat celery to make up for it. 1----2----3----4----5 not likely very likely

b. You would think: "They looked too good to pass by." 1----2----3----4----5 not likely very likely

c. You would feel disgusted with your lack of will power and self-control. 1----2----3----4----5 not likely very likely

d. You would think: "Once won't matter." 1----2----3----4----5 not likely very likely

8. While playing around, you throw a ball and it hits your friend in the face.

a. You would feel inadequate that you can't even throw a ball. 1----2----3----4----5 not likely very likely

b. You would think maybe your friend needs more practice at catching. 1----2----3----4----5 not likely very likely

c. You would think: "It was just an accident." 1----2----3----4----5 not likely very likely

d. You would apologize and make sure your friend feels better. 1----2----3----4----5 not likely very likely

9. You have recently moved away from your family and everyone has been very helpful. A few times you needed to borrow money but you paid it back as soon as you could.

a. You would feel mature. 1----2----3----4----5 not likely very likely

b. You would think: "I sure ran into some bad luck." 1----2----3----4----5 not likely very likely

c. You would return the favor as quickly as you could. 1----2----3----4----5 not likely very likely

d. You would think: "I am a trustworthy person." 1----2----3----4----5 not likely very likely

e. You would be proud that you repaid your debts. 1----2----3----4----5 not likely very likely

10. You are driving down the road and you hit a small animal.

a. You would think the animal shouldn't have been on the road. 1----2----3----4----5 not likely very likely

b. You would think: "I'm terrible." 1----2----3----4----5 not likely very likely

c. You would feel: "Well, it was an accident." 1----2----3----4----5 not likely very likely

d. You would probably think it over several times wondering if you could have avoided it. 1----2----3----4----5 not likely very likely

11. You walk out of an exam thinking you did extremely well. Then you find out you did poorly.

a. You would think: "Well, it's just a test." 1----2----3----4----5 not likely very likely

b. You would think: "The instructor doesn't like me." 1----2----3----4----5 not likely very likely

c. You would think: "I should have studied harder." 1----2----3----4----5 not likely very likely

d. You would feel stupid. 1----2----3----4----5 not likely very likely

12. You and a group of co-workers worked very hard on a project. Your boss singles you out for a bonus because the project was such a success.

a. You would feel the boss is rather short-sighted. 1----2----3----4----5 not likely very likely

b. You would feel alone and apart from your colleagues. 1----2----3----4----5 not likely very likely

c. You would feel your hard work had paid off. 1----2----3----4----5 not likely very likely

d. You would feel competent and proud of yourself. 1----2----3----4----5 not likely very likely

e. You would feel you should not accept it. 1----2----3----4----5 not likely very likely

13. While out with a group of friends, you make fun of a friend who's not there.

a. You would think: "It was all in fun; it's harmless."	1----2----3----4----5 not likely very likely
b. You would feel small . . . like a rat.	1----2----3----4----5 not likely very likely
c. You would think that perhaps that friend should have been there to defend himself/herself.	1----2----3----4----5 not likely very likely
d. You would apologize and talk about that person's good points.	1----2----3----4----5 not likely very likely

14. You make a big mistake on an important project at work. People were depending on you and your boss criticizes you.

a. You would think your boss should have been more clear about what expected of you.	1----2----3----4----5 not likely very likely
b. You would feel like you wanted to hide.	1----2----3----4----5 not likely very likely
c. You would think: "I should have recognized the problem and done a better job."	1----2----3----4----5 not likely very likely
d. You would think: "Well, nobody's perfect."	1----2----3----4----5 not likely very likely

15. You volunteer to help with the local Special Olympics for handicapped children. It turns out to be frustrating and time-consuming work. You think seriously about quitting, but then you see how happy the kids are.

a. You would feel selfish and you'd think you are basically lazy.	1----2----3----4----5 not likely very likely
b. You would feel you were forced into doing something you did not want to do.	1----2----3----4----5 not likely very likely
c. You would think: "I should be more concerned about people who are less fortunate."	1----2----3----4----5 not likely very likely
d. You would feel great that you had helped others.	1----2----3----4----5 not likely very likely
e. You would feel very satisfied with yourself.	1----2----3----4----5 not likely very likely

APPENDIX 'K'

QUESTIONNAIRE

Symptom Checklist-90-Revised (SCL-90-R)

SCL–90–R

SIDE 1

INSTRUCTIONS:

Below is a list of problems people sometimes have. Please read each one carefully, and circle the number to the right that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY. Circle only one number for each problem and do not skip any items. If you change your mind, erase your first mark carefully. Read the example below before beginning, and if you have any questions please ask about them.

SEX

MALE ○

FEMALE ○

NAME _____

LOCATION _____

EDUCATION _____

MARITAL STATUS MAR __ SEP __ DIV __ WID __ SING __

DATE (MO | DAY | YEAR)

ID. NUMBER

AGE

VISIT NUMBER _____

EXAMPLE HOW MUCH WERE YOU DISTRESSED BY:	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Bodyaches	0	1	2	(3)	4

HOW MUCH WERE YOU DISTRESSED BY:		NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Headaches	1	0	1	2	3	4
2. Nervousness or shakiness inside	2	0	1	2	3	4
3. Repeated unpleasant thoughts that won't leave your mind	3	0	1	2	3	4
4. Faintness or dizziness	4	0	1	2	3	4
5. Loss of sexual interest or pleasure	5	0	1	2	3	4
6. Feeling critical of others	6	0	1	2	3	4
7. The idea that someone else can control your thoughts	7	0	1	2	3	4
8. Feeling others are to blame for most of your troubles	8	0	1	2	3	4
9. Trouble remembering things	9	0	1	2	3	4
10. Worried about sloppiness or carelessness	10	0	1	2	3	4
11. Feeling easily annoyed or irritated	11	0	1	2	3	4
12. Pains in heart or chest	12	0	1	2	3	4
13. Feeling afraid in open spaces or on the streets	13	0	1	2	3	4
14. Feeling low in energy or slowed down	14	0	1	2	3	4
15. Thoughts of ending your life	15	0	1	2	3	4
16. Hearing voices that other people do not hear	16	0	1	2	3	4
17. Trembling	17	0	1	2	3	4
18. Feeling that most people cannot be trusted	18	0	1	2	3	4
19. Poor appetite	19	0	1	2	3	4
20. Crying easily	20	0	1	2	3	4
21. Feeling shy or uneasy with the opposite sex	21	0	1	2	3	4
22. Feelings of being trapped or caught	22	0	1	2	3	4
23. Suddenly scared for no reason	23	0	1	2	3	4
24. Temper outbursts that you could not control	24	0	1	2	3	4
25. Feeling afraid to go out of your house alone	25	0	1	2	3	4
26. Blaming yourself for things	26	0	1	2	3	4
27. Pains in lower back	27	0	1	2	3	4
28. Feeling blocked in getting things done	28	0	1	2	3	4
29. Feeling lonely	29	0	1	2	3	4
30. Feeling blue	30	0	1	2	3	4
31. Worrying too much about things	31	0	1	2	3	4
32. Feeling no interest in things	32	0	1	2	3	4
33. Feeling fearful	33	0	1	2	3	4
34. Your feelings being easily hurt	34	0	1	2	3	4
35. Other people being aware of your private thoughts	35	0	1	2	3	4

Copyright © 1975 by Leonard R. Derogatis, Ph.D

Please continue on the following page ▶

SCL—90—R

SIDE 2

HOW MUCH WERE YOU DISTRESSED BY		NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
36. Feeling others do not understand you or are unsympathetic	36	0	1	2	3	4
37. Feeling that people are unfriendly or dislike you	37	0	1	2	3	4
38. Having to do things very slowly to insure correctness	38	0	1	2	3	4
39. Heart pounding or racing	39	0	1	2	3	4
40. Nausea or upset stomach	40	0	1	2	3	4
41. Feeling inferior to others	41	0	1	2	3	4
42. Soreness of your muscles	42	0	1	2	3	4
43. Feeling that you are watched or talked about by others	43	0	1	2	3	4
44. Trouble falling asleep	44	0	1	2	3	4
45. Having to check and double-check what you do	45	0	1	2	3	4
46. Difficulty making decisions	46	0	1	2	3	4
47. Feeling afraid to travel on buses, subways, or trains	47	0	1	2	3	4
48. Trouble getting your breath	48	0	1	2	3	4
49. Hot or cold spells	49	0	1	2	3	4
50. Having to avoid certain things, places, or activities because they frighten you	50	0	1	2	3	4
51. Your mind going blank	51	0	1	2	3	4
52. Numbness or tingling in parts of your body	52	0	1	2	3	4
53. A lump in your throat	53	0	1	2	3	4
54. Feeling hopeless about the future	54	0	1	2	3	4
55. Trouble concentrating	55	0	1	2	3	4
56. Feeling weak in parts of your body	56	0	1	2	3	4
57. Feeling tense or keyed up	57	0	1	2	3	4
58. Heavy feelings in your arms or legs	58	0	1	2	3	4
59. Thoughts of death or dying	59	0	1	2	3	4
60. Overeating	60	0	1	2	3	4
61. Feeling uneasy when people are watching or talking about you	61	0	1	2	3	4
62. Having thoughts that are not your own	62	0	1	2	3	4
63. Having urges to beat, injure, or harm someone	63	0	1	2	3	4
64. Awakening in the early morning	64	0	1	2	3	4
65. Having to repeat the same actions such as touching, counting, or washing	65	0	1	2	3	4
66. Sleep that is restless or disturbed	66	0	1	2	3	4
67. Having urges to break or smash things	67	0	1	2	3	4
68. Having ideas or beliefs that others do not share	68	0	1	2	3	4
69. Feeling very self-conscious with others	69	0	1	2	3	4
70. Feeling uneasy in crowds, such as shopping or at a movie	70	0	1	2	3	4
71. Feeling everything is an effort	71	0	1	2	3	4
72. Spells of terror or panic	72	0	1	2	3	4
73. Feeling uncomfortable about eating or drinking in public	73	0	1	2	3	4
74. Getting into frequent arguments	74	0	1	2	3	4
75. Feeling nervous when you are left alone	75	0	1	2	3	4
76. Others not giving you proper credit for your achievements	76	0	1	2	3	4
77. Feeling lonely even when you are with people	77	0	1	2	3	4
78. Feeling so restless you couldn't sit still	78	0	1	2	3	4
79. Feelings of worthlessness	79	0	1	2	3	4
80. The feeling that something bad is going to happen to you	80	0	1	2	3	4
81. Shouting or throwing things	81	0	1	2	3	4
82. Feeling afraid you will faint in public	82	0	1	2	3	4
83. Feeling that people will take advantage of you if you let them	83	0	1	2	3	4
84. Having thoughts about sex that bother you a lot	84	0	1	2	3	4
85. The idea that you should be punished for your sins	85	0	1	2	3	4
86. Thoughts and images of a frightening nature	86	0	1	2	3	4
87. The idea that something serious is wrong with your body	87	0	1	2	3	4
88. Never feeling close to another person	88	0	1	2	3	4
89. Feelings of guilt	89	0	1	2	3	4
90. The idea that something is wrong with your mind	90	0	1	2	3	4

Copyright © 1975 by Leonard R. Derogatis, Ph. D.

APPENDIX 'L'

Correlation Matrix for Characteristics of the Abusive Situation and Attributions to the Abuse

Table 5

Correlation Matrix for Characteristics of the Abusive Situation and Attributions for the Abuse

	Attribution to Character	Attribution to Behavior	Attribution to Perpetrator	Attribution to Chance/luck	Attribution to Mom
Age at first Incident of Abuse	.11 (61)	.17 (61)	-.05 (62)	-.35** (57)	-.50*** (40)
Total Duration of Abuse	.05 (66)	.05 (66)	.04 (67)	.26* (62)	.27Θ (45)
Most Severe type of Abuse	.07 (66)	.17 (66)	.05 (67)	.16 (62)	.15 (45)
Total Number of Perpetrators	.31* (61)	.23Θ (61)	-.17 (62)	.13 (57)	.18 (42)

2- tailed significance

Θ $p<.10$
* $p<.05$
** $p<.01$
*** $p<.001$

APPENDIX 'M'

Correlation Matrix for Characteristics of the Abusive Situation and Emotional Experiences

Table 6

Correlation Matrix for Characteristics of the Abusive Situation and Emotional Experiences

	Shame	Guilt	Hopelessness	Anger
Age at first Incident of Abuse	.18 (60)	-.00 (61)	-.14 (57)	-.16 (62)
Total Duration of Abuse	.21Θ (65)	.05 (66)	.21 (62)	.09 (67)
Most Severe Type of Abuse	.08 (65)	.18 (66)	.17 (62)	.16 (67)
Total Number of Perpetrators	.09 (60)	.20 (61)	.24Θ (57)	.17 (62)

Θ $p<.10$

APPENDIX 'N'

Correlation Matrix for Attributions for the Abuse and Emotional Experiences

Table 7

Correlation Matrix for Attributions of the Abuse and Emotional Experiences

	Shame	Guilt	Hopelessness	Anger
Attribution to Overall Self	.34** (63)	.01 (65)	.30* (60)	.04 (65)
Attribution to Character	.28* (64)	.13 (65)	.41*** (61)	.29* (66)
Attribution to Behavior	.29* (64)	-.20 (65)	.35** (61)	.11 (66)
Attribution to Perpetrator	-.12 (65)	-.07 (66)	-.09 (62)	-.19 (61)
Attribution to Chance/Luck	.13 (60)	-.05 (62)	.06 (58)	.11 (62)

* $p<.05$
** $p<.01$
*** $p<.001$

APPENDIX 'O'

Comparison Chart for Sample Description

Table 8

Comparison Chart for Sample Description

Author/Study	Age in years Mean	Range	Education	Employment	Marital Status
Present Study	36	19-60	21% high school or less; 6% trade school; 48% some college /university; 25% university degree	62% employed 24% unemployed 9% homemaker 5% student	33% single 30% married 13% common law 24% divorced
Feinauer & Stuart (1996)	37	18-65	Well educated		Mean married 12 years, never divorced
Murphy et al., (1988)				57.3% employed 5.6% unemployed 26.1% housewife 2.6% student 7.7% retired	
Wyatt & Newcomb (1990)		18-36	35% high school 40% partial college		70% ever married 30% never married
Frazier (1990)	27				85% single
Gold (1986)	30.4	18-36	20% high school 55% some college		43% single 30% married 25% divorced
Heath et al., (1990)	26.6	13-53	Ranged from grade 7 to masters degree		

APPENDIX 'P'

Comparison Chart for Characteristics of the Abusive Situation

Table 9

Comparison Chart for Characteristics of the Abusive Situation

Author	Age of Onset (in years)		Duration in Years		Severity of Abuse	Total Number of Perpetrators	
	Mean	Range	Mean	Range		Mean	Range
Present Study	5.7	< 1 to 14	8	< 1 to 15	6% non-contact or clothed touching; 10.4% unclothed touching; 20.9% invasive contact; 62.7% anal or vaginal intercourse (attempted or completed)	3.91	1-12
Nash, Zivney & Hulsey (1993)	7.71		2.03				
Murphy et al., (1988)					15.8% attempted molestation; 44.7% completed molestation; 5.3% attempted rape; 23.7 completed rape		
Brunngraber	7	2-13		1 incident to 23 years			
Briere & Runtz (1988)	9				7.3% completed intercourse		
Feinauer et al., (1996)			3				
Wyatt & Newcomb (1990)			.76	0 - 4.5			
Gold, 1986	9.74	2 - 16				1.84	1–5
Morrow & Sorell (1989)			8.5				
Heath et al., (1990)	7.8						

APPENDIX 'Q'

Comparison Chart for Attributions for the Abuse

Table 10

Comparison Chart for Attributions of the Abuse[1]

Author	Overall Self-Blame	Character Self-Blame	Behavior Self-Blame	Perpetrator	Chance/luck
Present Study[2]	2.22 (1.62)*	3.09 (2.19)	2.71 (2.12)	6.24 (1.33)	2.90 (2.00)
Feinauer & Stuart (1996)	67% (11.71)			51% (15.03)	
Janoff-Bulman (1979)	74%	19%	69%		
Frazier[3] (1990)	2.27 (1.43)	2.62 (1.38)	2.64 (1.45)	4.62 (.81)	3.15 (1.29)
Morrow & Sorrell[4] (1989)	2.98 (1.64)				
Morrow (1991)	16%			33%	7%

* Standard deviations are listed in parenthesis

[1] When percentages are used, the percent of blame attributed to that source may not equal 100 because other sources were mentioned but not listed in the comparison chart.
[2] The responses in the present study were rated along a 7 point scale, ranging from 1 "do not blame at all" to 7 "completely blame".
[3] The participants in this sample are adult rape victims. Attributions were rated on a 5 point scale, ranging from 1 "not at all" to 5 "completely blame".
[4] This measure is based on a 5 point scale ranging from 1 "all my fault" to 5 "in no way my fault".

APPENDIX 'R'

Results of Regression Analysis of Characteristics of the Abusive Situation, Attributions, and Emotional Reactions.

Table 11

Results of Regression Analysis of Characteristics of the Abusive Situation on Character Self-blame

	Standardized Beta Coefficients	*t*	Significance
Age of Onset	.33	1.99	.05
Duration of Abuse	.17	.94	.35
Total Number of Perpetrators	.31	2.1	.04
Severity of Abuse	.06	.44	.66

$F(4,55) = 2.66, p < .05$
R squared = .17
R squared adjusted = .11

Table 12

Results of Regression Analysis of Characteristics of the Abusive Situation on Behavior Self-blame

	Standardized Beta Coefficients	*t*	Significance
Age of Onset	.41	2.47	.02
Duration of Abuse	.24	1.37	.18
Total Number of Perpetrators	.19	1.32	.19
Severity of Abuse	.18	1.27	.21

$F(4,55)=2.84$, $p<.05$
R squared = .18
R squared adjusted = .12

Table 13

Results of Regression Analysis of Characteristics of the Abusive Situation on Perpetrator Blame

	Standardized Beta Coefficients	*t*	Significance
Age of Onset	-.15	-.85	.40
Duration of Abuse	-.13	-.69	.49
Total Number of Perpetrators	-.19	-1.22	.23
Severity of Abuse	.06	.42	.68

F<1
R squared = .06
R adjusted = -.02

Table 14

Results of Regression Analysis of Characteristics of the Abusive Situation on Attribution to Chance/Luck

	Standardized Beta Coefficients	*t*	Significance
Age of Onset	-.39	-2.24	.03
Duration of Abuse	-.05	-.26	.80
Total Number of Perpetrators	.05	.35	.73
Severity of Abuse	.09	.63	.53

$F(4,51)=2.39, p< .10$
R squared = .17
R squared adjusted = .10

Table 15

Results of Regression Analysis of Attributions of the Abusive Situation on Shame

	Standardized Beta Coefficients	*t*	Significance
Character self-blame	.20	1.21	.23
Behavior self-blame	.18	1.10	.30
Perpetrator Blame	-.05	-.34	.74
Chance/bad luck	.08	.58	.57

$F(4,58) = 2.17, p < .10$
R squared = .14
R squared adjusted = -.08

Table 16

Results of Regression Analysis of Attributions of the Abusive Situation on Guilt

	Standardized Beta Coefficients	*t*	Significance
Character self-blame	.23	1.40	.17
Behavior self-blame	-.12	-.69	.49
Perpetrator Blame	-.13	-.92	.36
Chance/bad luck	-.06	-.45	.66

$F < 1$
R squared = .05
R squared adjusted = -.01

Table 17

Results of Regression Analysis of Attributions of the Abusive Situation on Hopelessness

	Standardized Beta Coefficients	*t*	Significance
Character self-blame	.31	1.94	.06
Behavior self-blame	.21	1.25	.22
Perpetrator Blame	.03	.24	.81
Chance/bad luck	.00	.00	.10

$F(4,56) = 3.37, p < .05$
R squared = .21
R squared adjusted = .15

Table 18

Results of Regression Analysis of Attributions of the Abusive Situation on Anger

	Standardized Beta Coefficients	*t*	Significance
Character self-blame	.34	2.09	.04
Behavior self-blame	-.09	-.55	.59
Perpetrator Blame	.08	.63	.53
Chance/bad luck	.13	.97	.34

$F(4,60) = 1.53$, *ns.*
R squared = .10
R squared adjusted = .03